

DALLAS BIBLE CHURCH HEALTH AND AUTHORIZATION FORM
(To be completed by parent/guardian)

Name: _____ Birthday: __/__/__ Age: ___ Sex: M F

Address: _____ City: _____ State ___ Zip: _____

What is your T-shirt size? S M L XL XXL

Parent/Guardian: _____ Phone: (Home) _____

Address: _____ (Work) _____

City/State/Zip: _____ (Cell) _____

Name of close friend or relative to notify in case of emergency:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Parent/Guardian Insurance Carrier:

Carrier Name: _____ Policy/Group Number: _____

Health History: (check if student has had)

Asthma

Ear Infections

Heart Trouble

Convulsions

Diabetes

Measles

Chicken Pox

Mumps

Emotional Disorder

Bleeding/Clotting Disorders

Migraines

Other potential health problems: _____

Allergies:

Insect Stings

Penicillin

Poison Ivy

Hay Fever

Foods: _____

Other Drugs: _____

Restricted Activities: _____

Immunization History: Last booster date *month/year required*

DPT (Tetanus) _____ Polio (OPV) _____ MMR _____

The student is under the doctor's care for the following conditions:

Medications the student is currently taking: _____

Doctor's Name: _____ Phone: (_____) _____

Address: _____ City/State/Zip: _____

IMPORTANT: THIS MUST BE SIGNED FOR ATTENDANCE!

This health form is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by Dallas Bible Church to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Dallas Bible Church to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature of Parent/Guardian: _____ Date: _____

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