



The following health record must be filled out for each student by the parent or guardian, or the student cannot be a part of any Junior or Senior High Activity. Please print below. This release form will be kept on file.

Student Information

NAME DATE OF BIRTH MALE FEMALE AGE
PARENT/GUARDIAN NAME PHONE
ADDRESS/CITY/STATE/ZIP

Medical History

List any medical Problems:

List any medications & dosage:

ALLERGIES (INCLUDE FOOD OR DRUG)

PAST SURGERIES

DATE OF TENANUS SHOT OR BOOSTER

Please circle any condition about the student that would be important for the physician to know about:

- Allergy Asthma Diabetes Epilepsy Hearing Heart Vision Other

EXPLANATION OF OTHER

NOTE ANY HANDICAP

STUDENT'S DOCTORS' NAME PHONE

Medical Insurance Information

INSURANCE COMPANY PHONE

ADDRESS/CITY/STATE/ZIP

POL # GROUP # CARD HOLDER NAME

Emergency Contact Information: NAME PHONE

Alternate Contact Information: NAME PHONE

Treatment

In case of emergency, I hereby give permission to the physician selected by the Life Spring Church staff and or assigned personnel to hospitalize, secure treatment for, and to order injection, anesthesia and/or surgery for the student named above.

STUDENT SIGNATURE NOTARY SEAL:
PARENT/LEGAL GAURDIAN SIGNATURE
NOTARY SIGNATURE Date