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2019 Youth Health Information Form

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Telephone: home _____ work _____ cell _____

Parent/Guardian Name: _____

Telephone: home _____ work _____ cell _____

Emergency Contact (if other than above parent(s)/guardian(s):

Name#1 _____ Relationship: _____

Telephone: home _____ work _____ cell _____

Name#2 _____ Relationship: _____

Telephone: home _____ work _____ cell _____

Medical Care Contacts:

Physician's name: _____

Address _____ Phone # _____

Dentist's name: _____

Address _____ Phone # _____

Health Insurance Coverage for Child:

Insurer's Name: _____

Policy or Group Number: _____

Allergies or Medical Conditions: _____



2019 Health History

This health history is to be completed and signed by parent/guardian and updated annually. Use back of form if necessary.

Name: _____
Last First Middle Initial

Date of last health examination _____

Allergies

List all known allergies to medication, food, plants, animals, etc. Describe reaction and management to reaction.

Childhood Illnesses - Check all that apply

_____ Measles _____ Chicken Pox _____ German Measles Mumps
_____ Hepatitis A _____ Hepatitis B _____ Hepatitis C

Immunizations

	Date series completed	Booster		Date series completed	Booster
DTP	_____	_____	MMR	_____	_____
TD	_____	_____	Mumps	_____	_____
Tetanus	_____	_____	Measles	_____	_____
Polio	_____	_____	H. Influenza B	_____	_____
Rubella	_____	_____	Hepatitis B	_____	_____
Varicella/Chicken Pox	_____	_____			

Other Health Conditions

- Recent injury, illness _____
- Glasses, contacts, or protective eyewear
- Seizures
- Heart murmur
- Diabetes
- Asthma
- Eating disorder
- Emotional difficulties
- Motion sickness
- Bleeding/clotting
- Musculoskeletal disorders

Please provide any additional information that will assist in providing care for your child.

Signature: _____ Date: _____



2019 Consent Form

Parent/Guardian Consent and Agreement

In consideration of my child, _____'s, opportunity to participate in Trinity Baptist Church's activities and programs, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of Trinity Baptist Church. I accept personal financial responsibility for any injury or other loss sustained during the activities or programs of Trinity Baptist Church or during transportation to and from such activities and programs, as well as for medical treatment rendered to my child that is authorized by Trinity Baptist Church leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported or receive emergency care and to be responsible for all financial charges for such emergency care.

I release and promise to indemnify, defend and hold harmless Trinity Baptist Church, its leaders, employees, volunteers, and agents from any and all injury or loss resulting directly or indirectly from the activities and programs of Trinity Baptist Church or transportation to and from such activities and programs, whether such injury result from the negligence of Trinity Baptist Church, my child, or otherwise.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Photo/Video Release Consents

My child may be photographed or video-taped while participating in Trinity Baptist Church's activities and programs. These activities include, but are not limited to, bible class, children's church, Kid Quest, Middle School Youth Group, High School Youth Group and Vacation Bible School.

Photos or video footages may be used by volunteers and employees of Trinity Baptist Church in promoting the overall ministry of Trinity Baptist Church. Yes No

Parent/Guardian Signature _____ Date _____