# Relief United Methodist Church

## 5275 Middle Road, Winchester, VA 22602  540-869-5775

# Health History/Emergency Medical Authorization

Name _____DOB _____ Age _____
Parent/Guardian _____
Home address _____
Home phone _____ Cell phone _____ Email _____

Emergency Contact (Name/phone) _____

**Health History**
List any disabilities or chronic or recurring illness:

_____
_____

List any short/term or temporary conditions:

_____
_____

Allergies: _____ Animals _____ Insects _____ Plants _____Other
_____ Food allergies (explain) _____
_____ Drug/Medicine allergies (explain) _____

List any prescription medications or OTC medications taken regularly:

_____
_____

**Immunization History**
Are all immunizations up to date? _____ Yes _____ No
Name of Physician _____ Phone _____
Name of Dentist _____ Phone _____

**Insurance Information**
Company _____ Policy Holder _____
ID Number _____ Policy Number _____
Group Number/Name _____

This health history is correct to the best of my knowledge. In case of an emergency, I understand that every effort to contact me or my designated alternate will be made. I consent for my child to receive such medical treatment and/or surgical procedures that are deemed necessary in the event of an emergency, and to assume all financial liability for treatment. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedures and the immediate administration of the life-sustaining measures deemed necessary by the medical doctor. I give permission for this form to be photocopied, if needed, and that a copy can act as the original document.

Parent/Guardian Signature _____ Date _____