

# Ezekiel Lutheran Church

## HEALTH HISTORY AND EMERGENCY CONTACT FORM FOR OFFSITE EVENTS

We are excited to have you on an Ezekiel Lutheran sponsored event. In the event of an emergency or hospitalization, it is necessary to have any pertinent information that may aid in your receiving appropriate care. This information will not be shared with anyone except that of the leader of the trip and any necessary emergency personnel.

Name (Last, First, MI) (Print Clearly)	Date of Birth			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>			
If minor, name of parent(s)/guardian(s)	Home Phone			
	Work Phone			
	Cell Phone			
Emergency Contact Person 1 (Not on trip with You)	Home Phone			
	Work Phone			
	Cell Phone			
Emergency Contact Person 2 (Not on trip with You)	Home Phone			
	Work Phone			
	Cell Phone			

HEALTH HISTORY-PLEASE SUPPLY ANY PERTINENT INFORMATION REGARDING THE FOLLOWING.		
Diabetes	Asthma	Drug Allergies
Heart Conditions	Bee Stings	Outside Allergies
Seizures	Chicken Pox	Food Allergies/Dietary Needs
Fainting Spells	Measles	Behavior
Fractures/Dislocations	Mumps	Sleep
Ear Infections	Rheumatic Fever	Other
Operations / Serious Injuries (include dates)		
Chronic / Recurring Illnesses (include dates)		
Other Information / Details from Above		

IMMUNIZATION RECORD-CHECK IF UP TO DATE					
Influenza	Polio	Tetanus (Give Date)	Hepatitis B	Small Pox	DPT
Measles	Mumps	Rubella	TB (Pos/Neg)	Lyme (Pos / Neg)	Other

Please list any restrictions

Please list any medications currently being taken and any specific instructions for duration of event.

*Please turn page over for more information.*

**PHYSICIAN'S INFORMATION**

Name	Clinic
Address	Phone number/extension

**INSURANCE INFORMATION**

Company Name	Card Holder's Name
Address	Phone
Group Number	ID Number

Please list any restrictions or concerns you have regarding this specific event.

**\*FOR ADULTS ON THE EVEN\***  
*This health form is correct as far as I know, and I am able to participate and engage in all activities unless noted on this form. In the event of an emergency and I am not of sound mind to consent, I give permission to the physician selected by the leaders of Ezekiel Lutheran Church trip to give necessary medical treatment to myself.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**\*\*FOR YOUTH-PARENTS MUST SIGN**

Youth Name \_\_\_\_\_

*This health form is correct as far as I know, and the person herein described has permission to participate and engage in all activities, except those noted on this form. In the event of an emergency, and I cannot be reached, I give permission to the physician selected by the leaders of the Ezekiel Lutheran Church trip to give necessary medical treatment to the person listed above. This may include but is not limited to x-ray examination, anesthetic, medical, surgical or dental diagnosis, treatment, and hospital care.*

I hereby waive all claims for damage or loss to our person or property and all demands and liabilities which may be caused by any act or failure to act of and by, and we do hereby release, discharge and hold harmless, Ezekiel Lutheran Church and its associates in connection with this event, from any and all such claims, demands, loss, damage and liability all of which arise of or in connection with the above mentioned event for the above mentioned dates. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with medical and dental services rendered to the child pursuant to this authorization. Should it be necessary for our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_