



DISCIPLES CLUB 2016-2017 HEALTH FORM

Student Name: _____ Phone: _____

Are you subject to problems with: (check if yes) eyes _____ ears _____ nose _____
lungs _____ digestion _____ asthma _____
allergies _____: if yes allergic to _____ reaction _____ treatment _____

Are you on medication now? _____yes _____no.

Any restriction of activity for medical reasons? _____yes _____no

Any restriction of activity for non-medical reasons? _____yes _____no

Please explain if yes (please attach additional sheet if needed): _____

Participants MUST have a current Tetanus Booster (< 10 years). Date of TB: _____

PARENT AUTHORIZATION - This health history is correct to the best of my knowledge, and the person herein described has permission to participate in all prescribed Disciples Club activities with Peace Lutheran Church. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Disciples Club leaders, to treat and/or hospitalize my child; and adult leaders will continue to attempt to contact me as soon as possible.

Parent/guardian name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

If parent is not available, in an emergency, please contact:

Name: _____ Phone: _____

Address: _____ Relationship: _____

My son/daughter has permission to take part in all Peace Lutheran Church Disciples Club activities. I agree that Peace Lutheran Church, its personnel, and the volunteers working will not be held accountable for any accidents or personal injury arising there. My son/daughter will participate in all supervised activities and will contact the pastors, or another adult leader with health concerns.

Parent/Guardian Signature: _____ Date: _____