**Health History**
**for First United Presbyterian Church (1st UPC)**
**Must have original form. Do not fax or email this form**

**Return to: First United Presbyterian Church 117 N. Main Street, P. O. Box 579 Bellefontaine, OH 43311**

Participant's Name:_____ Today's Date:_____
Last First Initial
Gender: ○ Male; ○ Female; Birthdate: _____ Age: ____ Grade in School (2021-22): Grade

Home Address_____
City _____ State _____ Zip Code _____

_____
Parent/Guardian Name with legal custody Home Phone Mobile phone Work Phone email

_____
2nd Parent/Guardian Name Home Phone Mobile phone Work Phone email
If parent/guardians cannot be reached, notify: _____ Relationship:_____
Phone: (_____)_____ Mobile Phone: (_____)_____
Family Physician: _____ Telephone: _____

Grade _____

Last Name, First Name: _____

**Allergies:** ○ No known allergies. ○ This participant is allergic to ☐ Food; ☐ Medicine; ☐ Environment (insect stings, hay fever, etc)
**Please describe below what the participant is allergic to and the reaction seen and whether intolerant or anaphylaxis:**

**Diet, Nutrition:** ○ Participant eats a regular diet; ○ Participant has special food needs. **Describe any special needs/restrictions:**

**General Health History** **Circle Y = Yes, N = No Explain "Y" answers below:**

? Seizures? ? Asthma?: ☐ inhaler?; ☐ Nebulizer? What triggers asthma? _____

? Any hearing, cognitive, musculo-skeletal, neurological impairments: _____

? Any current health conditions?_____

? Any recurrent/chronic illnesses? List: _____

? Does the child have an IEP? Describe purpose: _____

I have reviewed the program and activities and feel the participant can participate ○ without restriction; ○ with restriction (list below)
**Additional information concerning items listed above (attach additional sheet as necessary):**

**Medications:** List the name, dosage, times given, reason for taking any medications (prescribed or over the counter);

○ Takes no medication on a regular basis; ○ Takes the following medications, but not during the program: _____

What else should we know about your child?

I, _____the legal custodian of _____ Give 1st United Presbyterian Church permission to:

1. Without limitation, or obligation, any and all media, including photographs, film footage, or tape recordings, which may include my or my child's image or voice for purposes of art, advertising, education, or promotion, or for any other purpose consistent with 1st UPC Mission, and release the church from any claim or liability to that use. The images become the exclusive property of 1st UPC. I waive all rights to inspect &/or approve any text that may be used in conjunction with the media and the use to which it may be applied.
2. Agree to hold harmless, defend and indemnify 1st United Presbyterian Church, its agents, volunteers and employees for all claims alleging bodily injury or property damage occurring while the undersigned is a participant at a church-sponsored activity on or off the church premises.
3. Dispense medication(s) brought to the church program by parent/guardian.
4. Give permission for my child/youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in church related activities.

**Permission to Provide Necessary Treatment or Emergency Care:** This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all activities except as noted by me and/or an examining physician. I give permission to the physician selected by the church to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for me/this child. I understand the information on this form will be shared on a "need to know" basis with leaders. I give permission to photocopy this form. In addition, the church has permission to obtain a copy of my/my child's health record from providers who treat me/my child and these providers may talk with the leaders about my/my child's health status.

**Legal Representative Signature (signed in ink):** _____ **Date:** _____