

The Well, a UMC - Health History & Authorization Form

This form is **MANDATORY** and must be completed by the legal parent/guardian of participants under 18 years old. This form is **REQUIRED** prior to a minor child participating in The Well activities. The "Authorization of Health Care and Release of Liability" sections **MUST** be signed.

General Information	Participant	Name (last, first, middle):	
		Birth Date:	Grade:
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell #: ()
		Home Address:	
		Email Address:	
	<input type="checkbox"/> I give permission for the Children & Youth Directors to contact the named participant by cell phone/text		
	<input type="checkbox"/> I give permission for The Well to send emails to the named participant.		
	Parent/Guardian with legal custody to be contacted in case of illness or injury	Name:	Relationship to participant:
		Home Address (if different from above):	
		Preferred Phones: ()	()
Email address:			
Second parent/guardian or other emergency contact	Name:	Relationship to participant:	
	Preferred Phones: ()	()	
	Email address:		
Emergency contact If parent(s)/guardian(s) cannot be reached	Name:	Relationship to participant:	
	Preferred Phones: ()	()	
	Email address:		

Insurance Information	Is the participant covered by family medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, indicate carrier or plan name:
	Policy or Group #:
	Policy holder name:

Allergy Information	<input type="checkbox"/> No known allergies for this participant	
	The participant is allergic to:	Please describe the allergy (be specific), the reaction seen and how it is treated
	<input type="checkbox"/> Food(s)	
	<input type="checkbox"/> Medicine(s)	
	<input type="checkbox"/> The environment (insects, hay fever, etc.)	
<input type="checkbox"/> Other		

Healthcare Providers	Name of participant's:	Phone:
	Primary doctor(s):	()
	Dentist:	()
	Orthodontist:	()

Physical, Mental, Emotional and Social Health	Please describe any of the participant's current conditions (injury, special needs, surgery, illness, other) that require attention, restrictions or considerations while attending church activities.
	<p>Has the participant had a significant life event that continues to affect their life? (Family change, death of a loved one, history of abuse, adoption, foster care, new sibling, others)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Please explain "Yes" answers below, attaching a separate sheet if more space is needed</p>

Immunization & Exam History	Are the participant's immunizations/vaccinations that are required for school up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date (month/year) of last Tetanus shot:
	Date of last Health Exam:

Restriction Information	<u>Children and Youth activities may include, but are not limited to:</u> Sporting activities, crafts, scooters, trips to and play at Camfield Park or on church grounds, and transport to and from an off-site activity.
	<p><input type="checkbox"/> I have reviewed the program/activities of the church and feel that the participant can participate without restrictions.</p> <p><input type="checkbox"/> I have reviewed the program/activities of the church and feel that the participant can participate with the following restrictions (<i>please describe</i>):</p>

Additional Information	<p>Rules of Conduct:</p> <ul style="list-style-type: none"> • Respect property • Respect planned activities • Respect one another, staff, and adult and youth leaders
	<p>You will be contacted if:</p> <ul style="list-style-type: none"> • Outside medical attention is necessary (e.g., if we transport your participant to a hospital/doctor's office) • Your participant is having discipline problems that jeopardize the safety of others • Your participant is exposed to a communicable disease

