

MEDICAL HISTORY FORM FOR NORTHLAKE COMMUNITY CHURCH

Student's Information:

Name _____
Birth Date _____ Age _____ Grade _____ Sex _____
Home Phone _____ Cell Phone _____
Attend Northlake? Yes ☐ No ☐

Parent or Legal Guardian Information:

First Contact Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Home Address _____
(Street) (City) (Zip)
Second Contact Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Home Address _____
(if different) (Street) (City) (Zip)

Emergency Contact Info:

Parent or guardians will always be notified first. Emergency contact info is used only if parents/guardians cannot be reached.

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

Health History:

Exposure to contagious disease in past two weeks? If so, describe _____

Special Health Issues: (Check)

_____ Seizure Disorder	_____ Bronchitis	_____ Sleep Walking	_____ Colds
_____ Sore Throat	_____ Fainting	_____ Bed Wetting	_____ Asthma
_____ Ear Infections	_____ Allergies	_____ Stomach Upsets	_____ Headaches
_____ Diabetes	_____ Heart Disease	_____ Kidney Disease	_____ Mental Health

Other _____

Allergic Reactions: (Check)

_____ Aspirin
_____ Penicillin
_____ Bee Stings
_____ Specific Foods _____
_____ Other _____

Most recent Immunization Dates:

_____ tdap (Tetanus, Diphtheria, Pertussis)
_____ Polio
_____ MMR (Measles, Mumps, Rubella)

Other comments pertinent to child's health: _____

I/We, the undersigned, understand that at Northlake Community Church (NCC) of Bellingham, WA, strenuous physical activity, both aquatic and outdoor, are a regular part of any camp session/excursion/trip. To the best of our knowledge, our child, _____, is in excellent physical and mental health, and needs no restrictions from strenuous physical activity. If we have any questions regarding our child's health, we understand that it is our obligation to seek professional medical advice and to inform NCC of any health problems and restrictions on our child's activities in writing.

Parent or Guardian's Signatures

Date _____
Date _____