

# Zion Lutheran Church Health Form

Zion Lutheran Church 1601 4th Ave. Anoka, MN 55303

info@zionanoka.org 763.421.4656 www.zionanoka.org

Name of Child \_\_\_\_\_, \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
(last) (first)

**Mother** \_\_\_\_\_  
Name home phone# work phone # cell phone #

**Father** \_\_\_\_\_  
Name home phone# work phone # cell phone #

**Legal Guardian/s** \_\_\_\_\_  
Name home phone# work phone # cell phone #

**Additional Contact** \_\_\_\_\_  
Name home phone# work phone # cell phone #

**Allergies** (Drugs, seasonal, other) \_\_\_\_\_

**Special Dietary Needs/Food Allergies** (Specify) \_\_\_\_\_

Do you prefer to provide separate food for your child? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

**Medical Conditions and/or Special Needs/Accommodations** (Describe) \_\_\_\_\_

*(add pages if needed.)*

**Operations or Serious Injuries** (Please list and include dates) \_\_\_\_\_

**Activity restrictions** \_\_\_\_\_

**My child's immunizations are current:** Yes \_\_\_\_\_ No \_\_\_\_\_ **If "No," please specify** \_\_\_\_\_

**Current Medications** (Name, dose and schedule) \_\_\_\_\_

**NOTE: Zion staff members may administer prescription medications during church activities, with the proper documentation. If your child will need prescription medications during a church activity, please complete the information below.**

A Zion staff member has my permission to administer the prescription medication(s) listed below to my child:

Parent/Guardian Signature \_\_\_\_\_ Phone Numbers \_\_\_\_\_ Date \_\_\_\_\_

Name of Medication:	Adverse Reactions:
Dosage:	Instructions regarding adverse reactions:
How Administered:	
Time to be Administered: _____ a.m. and/or _____ p.m.	Special instructions regarding contacting the prescribing physician:
Dates: From _____ Through _____, 20__	

Prescription medications should be in their original containers with their labels stating: *Child's name, Name of prescribing physician, Prescription number, Date prescribed, Name of Medication, Directions for use. Medications will be kept in a locked area, unless the medication is an emergency medication such as an epi-pen or inhaler that needs to remain with the child.*

**Child's Physician** \_\_\_\_\_ **Physician's Phone#** \_\_\_\_\_ **Preferred Hospital** \_\_\_\_\_

**Clinic Name and Address** \_\_\_\_\_

**Medical Insurance Provider** \_\_\_\_\_ **GroupPolicy#** \_\_\_\_\_

*My child has permission to take part in all church activities, under supervision. I understand that all reasonable safety precautions will be taken by the leaders of each activity, and that the possibility of unforeseen hazard does exist. Zion Lutheran Church and its personnel will not be held responsible for accidents or personal injury arising there from. I understand the congregation does not provide medical insurance. In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child, until such time as I can be contacted. This permission includes the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.*

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

**Note:** Health forms will be kept on file for one year. To update information on this form, ask questions, make arrangements, or provide further information regarding any of the above information, please feel free to contact a member of our Children, Youth and Family Staff at 763-421-4656.