

HEALTH AND ACTIVITY RECORD

Youth Name		Male <input type="checkbox"/>	
Date of Birth	Social Security #	Female <input type="checkbox"/>	
Parent Or Guardian	Full Name	Telephone	
	Address		
	Work (F) Phone	(F) Cell	
	Work (M) Phone	(M) Cell	
Emergency Name		Telephone	
Address			
Health & Insurance	Name	Telephone	
	Address		
	Policy No.	Group No.	
	Physician's Name	Telephone	
	Address		
Has Youth Had: [Check]	<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Scarlet Fever
	<input type="checkbox"/> Mumps	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Rheumatic Fever
	<input type="checkbox"/> Measles	<input type="checkbox"/> Athletes Foot	<input type="checkbox"/> Ivy, Oak, Sumac Poison
Does Youth Have: [Check]	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Heart Trouble
	<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hay Fever
	<input type="checkbox"/> Skin Trouble	<input type="checkbox"/> Headaches	<input type="checkbox"/> Epilepsy
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Nervous Condition	<input type="checkbox"/> Stomach Disorder
Special Problems or Conditions or Restrictions:			
Any Medicines:			
Is Youth able to pursue all normal athletic activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Youth troubled with bed wetting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Youth allergic to: <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Aspirin <input type="checkbox"/> Other			
Any Food allergies?			
<p>I hereby grant consent for my child to participate in activities sponsored by Hampstead Baptist Church.</p> <p>I furthermore grant to the church, its leaders or agents authority to undertake or approve of emergency medical treatments or surgery as may in their judgment be necessary while my child is in their care.</p> <p>I furthermore release and relinquish any right, claim, or cause of action against Hampstead Baptist Church, its officers, leaders, or agents for any damages or injuries whatsoever that might be incurred by my youth in route to and from, or during any activity sponsored by Hampstead Baptist Church.</p>			
Parent/Guardian Signature:		Date:	

Youth Group 20_____