

Ukrainian Orthodox Church(your parish name and address)
Health Form and Release
SAMPLE

Child's Name: _____ **Social Security**
_____

Birth date: _____ Current Age: _____ Sex:

Parent/ Guardian: _____

IMMUNIZATION RECORD (give approximate latest dates)

| | |
|------------------|---------------|
| DPT Series _____ | Booster _____ |
| Tetanus _____ | Booster _____ |
| Others _____ | Booster _____ |

HEALTH HISTORY

| | |
|----------------|-----------------------------|
| Surgery: _____ | Date _____ |
| Diabetes _____ | Asthma _____ |
| Epilepsy _____ | Additional Conditions _____ |

ALLERGIES

Outdoor: _____

Medicines: _____

Food _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Issued under the name: _____

Policy number/s: _____

Date of policy: _____

Any activities child should not participate in due to physical conditions _____

Name of Family Physician _____ Phone Number _____

Name of Practice and address _____

This health record is correct and complete to the best of my knowledge. Therefore, the child, who is registered here has permission to engage in all activities except as noted on this form. In the event of an emergency, I hereby give permission to the physician and/or hospital, which is selected by the chaperones to hospitalize, secure proper medical treatment for and to order injections, anesthesia, and/or surgery for the above named child. As the parent/guardian, I will assume all financial responsibilities if hospitalization and/or medical treatment is required.

Parent/Guardian _____ Signature _____
Date _____

Last Updated _____

The information contained on this form is confidential. Only the parish priest, youth minister, and/or chaperone for a scheduled event will have access to this form