



**Church of all Nations**  
BOCA RATON

*A Fellowship Of The Assemblies Of God*

**1300 NW 4<sup>TH</sup> Avenue, Boca Raton, FL 33432 / Office (561) 391.2177**

**www.kidswow.org**

**Health Form**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Sex \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ SS#/School ID \_\_\_\_\_

**Emergency Contact person:**

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Alternate Contact Person:** (Use someone near the primary contact)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you have medical insurance, your carrier will be billed for the medical charges in the case of illness or injury while your child is at the activity. Do you have health insurance?  Yes  No

Name of Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In whose name is the insurance (Subscriber)? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activities, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

**Health History:**

Pre-existing or present medical conditions \_\_\_\_\_

Name and dosage of any medications that must be taken \_\_\_\_\_

Any allergies? \_\_\_\_\_ to medications? \_\_\_\_\_

Hay Fever  Insect Stings  Asthma  Heart Condition  Diabetes

Epilepsy/Nervous Disorder  Frequent Stomach Issues  Physical Handicaps  Any major illness during the past year?

If any of the above are checked, please give details (i.e., include normal treatments of allergic reactions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Any swimming restrictions?  Yes  No

What? \_\_\_\_\_

Any Activity restrictions?  Yes  No

What? \_\_\_\_\_