

# Bethel Lutheran Youth Ministries

## 2007-2008

### Health Form

Date Turned In:

\_\_\_\_/\_\_\_\_/\_\_\_\_

school attending \_\_\_\_\_

grade \_\_\_\_\_

(2007/2008)

student's name \_\_\_\_\_ gender \_\_\_\_\_

address \_\_\_\_\_  
last first birthdate \_\_\_\_\_

e mail \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone \_\_\_\_\_

mother's name \_\_\_\_\_ phone (h) \_\_\_\_\_ phone © \_\_\_\_\_

e-mail \_\_\_\_\_

father's name \_\_\_\_\_ phone (h) \_\_\_\_\_ phone © \_\_\_\_\_

e-mail \_\_\_\_\_

if separated or divorced do both parents have legal custody? YES NO

emergency contact (other than parent) \_\_\_\_\_ phone \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

group # \_\_\_\_\_ insurance co. phone # \_\_\_\_\_

physician \_\_\_\_\_ office phone \_\_\_\_\_

hospital/clinic preference Mayo Olmsted  
circle one please

please list any known allergies \_\_\_\_\_

please list any medication taken on a regular basis and what they're treating

\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_

Everything in box is required information!

Mark One:

We are Bethel Members

We are not Bethel Members

My student is a friend of: \_\_\_\_\_

ATTENTION PARENTS/GUARDIANS: THIS FORM WILL BE KEPT ON FILE FOR A YEAR. PLEASE UPDATE US WITH ANY NEW INFORMATION AS IT IS ADDED. THIS IS VERY IMPORTANT TO ENSURE YOUR STUDENT'S SAFETY.