

Bethel Lutheran Youth Ministries

2008-2009

Health Form

Date Turned In:

____/____/____

school attending _____

grade _____

(2008/2009)

student's name _____

gender _____

last

first

address _____

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.