

Date Turned In: _____
_____/_____/_____

Bethel Lutheran Youth 2009-2010 Health Form

School Attending _____
Grade _____
(2009/10)

student's name _____ gender _____
Last First
address _____ birthdate _____
city _____ state _____ zip _____
phone _____ e-mail _____
mother's name _____ e-mail _____
phone (h) _____ phone (c or w) _____
father's name _____ e-mail _____
phone (h) _____ phone (c or w) _____
if separated or divorced do both parents have legal custody? YES NO
emergency contact (other than parent) _____ phone _____

Everything in this box is required information

insurance co. _____ policy # _____
group # _____ insurance co. phone _____
physician _____ office phone _____
hospital/clinic preference MAYO OLMSTED (Please circle preference)
please list any known allergies _____
please list any special needs _____
please list any medication taken on a regular basis and what it is treating
_____ for _____
_____ for _____
_____ for _____

Mark One:

We are Bethel Members

We are not Bethel Members

My student is friends with: _____

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.