



Medical Form (Please fill out for each child)

Child's Name: _____

A. Does your child experience any of the following (if yes, please explain):

1. Allergies Yes or No Explain _____
2. Heart Condition Yes or No Explain _____
3. Diabetes Yes or No Explain _____
4. Headaches Yes or No Explain _____
5. Seizures Yes or No Explain _____
6. Motion Sickness Yes or No Explain _____
7. Fainting Yes or No Explain _____
8. Upset Stomach Yes or No Explain _____
9. Other: (please list) _____ Explain: _____

B. Does your child have a reaction to (if yes, please explain):

1. Bee Stings Yes or No Explain _____
2. Penicillin Yes or No Explain _____
3. Medications Yes or No Explain _____
4. Poison Ivy/Oak Yes or No Explain _____
5. Peanuts Yes or No Explain _____
6. Other: (please list) _____ Explain: _____



Medical Form cont.

C. Please answer the following:

1. Does your child have any condition that would prevent him/her in participating in any activities? Yes or No **(If yes, explain)**

2. Does your child take any prescription medications? Yes or No **(If yes, explain)**

3. Does your child have any sight or hearing impairment? Yes or No **(If yes, explain)**

4. Has your child been diagnosed with any mental health condition? Yes or No **(If yes, explain)**

Please indicate any other pertinent information that the youth staff should know about your child:

By signing below, I confirm that all the information listed on this form is truthful and accurate. I understand that the youth ministry is concerned about the health and safety of my child and will follow the guidelines of this form in concerns to my child. I understand that neither the youth ministry, nor does FBC Lantana accept any responsibility in the event that my child gets hurt or sick.

PLEASE PRINT AND SIGN:

(Parent/Guardian) PRINT

(Parent/Guardian) SIGNATURE

(Date)