



2019 TO MARS AND BEYOND VACATION BIBLE SCHOOL

HEALTH FORM

Complete one form per child

Child's Name	Age
ALLERGIES	
Medical <i>(Describe reaction and response)</i>	
Food <i>(Describe reaction and response)</i>	
Other <i>(Describe reaction and response)</i>	
MEDICATIONS	
<i>List all medications the child is currently taking and why</i>	
Does the child require medications during VBS? No Yes <i>If Yes provide instructions</i>	
CURRENT CONDITION	
<i>List any existing medical conditions the child has that the VBS staff should know about</i>	
RESTRICTIONS	
<i>Explain any activity restrictions of the child (i.e. what cannot be done, what activities need to be adapted)</i>	
ADDITIONAL INFORMATION	
<i>Explain anything else such as behavioral quirks or physical, emotional, and mental health that the VBS staff should know. The more the staff knows the better we can serve.</i>	

DOCTORS AND INSURANCE	
Family Doctor	Telephone #
Address	City, State, Zip
Email	Home Church <i>(if applicable)</i>
Family Dentist	Telephone #
Address	City, State, Zip
Email	Home Church <i>(if applicable)</i>
Does the child have medical/hospital insurance?	Yes No
If yes, please indicate carrier plan or name	Group Number



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Parent or Guardian Authorization

This health history is correct and complete to the best of my knowledge. I grant permission for the child described to participate in Vacation Bible School activities except as noted.

I grant permission to the staff to provide routine and emergency medical care as necessary, including x-rays and other routine tests. I agree to the release of any records necessary for medical treatment, referral, billing or insurance purposes. I give permission to the staff to arrange necessary related transportation for the child.

In the event that I cannot be reached, I give permission to the physician selected by the church to secure and administer treatment, including hospitalization, of the child described.

Parent or Guardian Signature	Date
Parent or Guardian Printed Name	