

WESTCHESTER UNITED METHODIST CHURCH

8065 EMERSON AVENUE, LOS ANGELES, CA 90045 310-670-3777

HEALTH QUESTIONNAIRE

DIRECTIONS: Please read, sign, and date this form today.

Today's Date: ____/____/____ Grade: () Youth's Date of Birth: ____/____/____

Parent's Home Phone: () _____ Work Phone: () _____ Beeper: () _____

Youth's Name: _____

Address: _____

Street

City/State

Zip

1. Check the following to which the youth is subject:

____ Special Diet (Please specify) _____

____ Poor Appetite ____ Ear Trouble ____ Convulsions ____ Sore Throats ____ Sinus Trouble

____ Poor Digestion ____ Bronchitis ____ Asthma ____ Fainting Spells ____ Cramps

____ Poor Hearing ____ Bed Wetting ____ Hay Fever ____ Poor Eyesight ____ Sleep Walking

____ Other: _____

2. Attach a list of any diseases he/she has had this past year: _____

3. Attach explanation if there is a heart or any other handicapping condition which will limit activities: _____

4. Is youth under medical care now? ____ If yes, for what? _____

5. Will the youth bring any medications along? _____

6. Is the youth allergic or sensitive to any medications or food? (sulfa, Penicillin, Tetanus, over the counter medications...etc.)

Please list: _____

7. Date of last Tetanus shot: _____

8. Emergency Contacts: (RESPONSIBLE PERSON OTHER THAN PARENT/GUARDIAN)

Name _____ Phone() _____

Name _____ Phone() _____

9. Name, address, and phone # of family doctor: _____

10. Medical Insurance Company: _____

Group # _____ ID/Certificate # _____

**Include on the back of this form any additional information which may be helpful :

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PARENTAL/GUARDIAN CONSENT

I/We the undersigned guardian/parent(s) of _____
a minor, give my/our permission for him/her to participate in chaperoned youth activities.
I/We do hereby authorize Westchester United Methodist Church as agents for the
undersigned to consent to any x-ray, examination, anesthetic, medical or surgical
diagnosis or treatment and hospital care which is deemed advisable; and is to be
rendered under the provision of the Medical Practice Act by the medical staff of a
licensed hospital, whether such diagnosis or treatment is rendered at the office of said
physician or at said hospital. This authorization shall be effective June 1, 2008 through
December 31, 2009. California Civil Code : Section 25.8

PARENT/LEGAL GUARDIAN: _____
(SIGNATURE)

PARENT/LEGAL GUARDIAN: _____
(SIGNATURE)

ADDRESS: _____
Street

City State Zip

Home Phone: () _____ Date: _____

Work Phone (Father)() _____ Work Phone (Mother) () _____

RELEASE FORM

This is the granting of my (our) permission for _____
to participate in Westchester United Methodist Church Youth events held from June 1,
2008 through December 31, 2009.

I/We assume all risks of my child's participation in this activity. I will not hold the
Westchester United Methodist Church or its employees or agents responsible for any injury
which my child might incur while in the program, including, but not limited to, those
injuries caused by negligence.

Parent/Guardian Date

Parent/ Guardian Date

Permission Form and Medical Release

My son/daughter _____ has permission to participate in the
Westchester United Methodist Church _____.

In case of emergency _____ have my permission to act on
my behalf for the welfare of my child. In the case of an emergency I will be contacted
as soon as possible at this phone number (s) _____.

Signature

Date