

**Health History and Medical Release for children
participants in Vacation Bible School at
Christ & Holy Trinity Church**

The following information must be filled in by the parent/guardian or adult staff member. The intent of this information is to provide VBS staff with the background to provide appropriate care. Please provide complete and accurate information. Thank you.

Child's Name _____ **Date of Birth** _____

Allergies (List all known) _____ Describe reaction and management of the reaction

Medication allergies

Food allergies

Other allergies (include insect stings, hay fever, asthma, animal dander and plants, latex, band-aids, etc.)

Medications Please list ALL that are taken routinely during the week and notify us if there are any changes during the week.

Restrictions Are there any *dietary* (eggs, dairy, etc.) or *activities* to be restricted?

General Questions:

Please circle:

- | | | |
|---|------------|-----------|
| 1. Are all immunizations up to date? | YES | NO |
| 2. Any recent injury, illness or infectious disease? | YES | NO |
| 3. Have a chronic or recurring illness/condition? | YES | NO |
| 4. Ever been hospitalized? | YES | NO |
| 5. Ever had surgery? | YES | NO |
| 6. Have frequent headaches? | YES | NO |
| 7. Ever had a head injury? | YES | NO |
| 8. Wear glasses, contacts or protective eye wear? | YES | NO |
| 9. Frequent ear infections or have ear tubes? | YES | NO |
| 10. Ever had seizures? | YES | NO |
| 11. Any skin problems? | YES | NO |
| 12. Any problems with bowel or bladder control? | YES | NO |
| 13. Ever had any emotional difficulties for which professional help was sought? | YES | NO |
| 14. Any specific fears or concerns? | YES | NO |

Please explain any “yes” answers, noting the number of the questions.

Provide any additional information about the participant’s behavior and physical, emotional, or mental health about which VBS should be aware.

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|---|------------|-----------|
| I give permission for VBS counselors to apply sunscreen on my child if necessary. | YES | NO |
| I have attached a copy of my child’s insurance card. | YES | NO |
| I have attached a copy of the Connecticut health form used for school admissions (original is blue). | YES | NO |
| I give Juan Martin, Maryelizabeth McManus and any VBS counselor permission to seek medical attention for my child in case of emergency. | YES | NO |

Name of pediatrician:	Phone:
Name of dentist:	Phone:

Best phone numbers where I can be reached during the week are 1.) _____
2.) _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Date** _____