



Health Record

Child's Name _____

Date of Birth _____

Social Security Number _____

Date of last tetanus booster _____

Allergies to drugs or food:

Special medications or pertinent information:

List of restrictions:

Father's home phone: _____ Work _____ Mobile _____

Mother's home phone: _____ Work _____ Mobile _____

Emergency phone (friend or relative) _____

Family physician's name _____

Family physician's address _____

Insurance company _____ Insurance policy number _____

Authorization to Treat a Minor

I (we) the undersigned parent(s) or legal guardian(s) of _____

Hereby give permission to the physician selected by the Southern Asian Seventh-day Adventist Church activity leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my (our) child.

I (we) am (are) also in favor of him/her attending the Southern Asian Seventh-day Adventist Church functions and accept the named conditions. The health history stated is correct so far as I (we) know, and the person herein described has permission to engage in all prescribed church activities except as noted. In addition, I (we) have read and understood the Emergency Authorization Statement and I (we) give my (our) full consent to the terms found therein. Permission for photo copying this health record is granted. I also do not hold the facility for sponsor responsible for any accident which might occur.

Parent/Guardian's signature _____ Notary's signature _____

Date: _____