

# STUDENT HEALTH RECORD- SOUTHLAND 2010

Please print clearly.

Student Name:	
Address:	
Birth Date:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Guardian Name:	
Home Phone:	Cell Phone:
Church: University Presbyterian Church	Youth Pastor: Matt Ryman
In Case of Emergency contact:	
Phone:	Relation:

History: (Circle) Frequent sore throat, abscessed ears, asthma, bronchitis, fainting, stomach upsets, constipation, kidney trouble, seizures, sleepwalking, diabetes, ulcer, anaphylactic allergic, reactions (bee stings, ants, other)

## Allergies: (please be specific)

Drugs:		
Plants:	Insects:	Other:
Foods:		
Year of Immunization: DPT	Tetanus:	
Has camper been exposed to chicken pox in the past 2 weeks?		
Current Medications Taking and dosage:		
<input type="checkbox"/> I release the nurse of liability and responsibility to administer my student's medication as listed		
<input type="checkbox"/> I want the nurse to administer my students medication as indicated above		

## Insurance Information:

Company Name: \_\_\_\_\_ Policy# \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*\*PLEASE ATTACH A PHOTCOPY OF INSURANCE CARD FRONT AND BACK WITH THIS FORM\*\***

I, \_\_\_\_\_ hereby give my consent to Southland Student Conferences to take my child, \_\_\_\_\_ to the nearest hospital during the conference July 8-13, 2010 and hereby release Southland Student Conferences and Covenant College from any and all liability, as a result of any negligent medical emergency treatment. I will assume full responsibility for any and all expenses incurred (i.e. ambulance, medical and/or hospital fees etc.)

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within and acknowledged that she/he executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

**Any additional Instruction from parents print on back** (activity restrictions/Medical restrictions)