

**KIRKWOOD BAPTIST CHURCH  
CHILDREN & YOUTH HEALTH FORM**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Father's Social Security # \_\_\_\_\_ Mother's Social Security # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Allergies (specify each and explain if necessary, be sure to list any allergies to medications)

\_\_\_\_\_  
\_\_\_\_\_

Health Conditions (list and explain if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Does your child wear contact lenses? \_\_\_\_\_

Is he/she on any medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

Date of child's last tetanus shot \_\_\_\_\_ Can your child swim? \_\_\_\_\_

Does your child have any recurring illnesses? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company & Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Who is insurance primary person? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Exchange # \_\_\_\_\_

Please list several (3) other numbers where you or a relative can be reached in case of an emergency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that the above information is correct and that there is no reason that my child, \_\_\_\_\_ should not participate in any of the regularly scheduled activities. I give my permission for my child to participate in these activities. I know that in case of emergency, every effort will be made to reach me. In the event that I am unavailable, I give my consent for the adult supervisor to act on my behalf.

\_\_\_\_\_  
(Signature of Parent/Guardian)