

# HEALTH CERTIFICATE

This CERTIFICATE is to be completed, signed by parent or guardian, and returned to Castleton United Methodist Church prior to trip departure. Parents are responsible for calling the health need to the attention of Youth Director.

Full Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Parent(s) Cell Phone(s): \_\_\_\_\_

Parent(s) Work Phone: \_\_\_\_\_ Emergency Name/Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

1. **ALLERGIES:** (check any where there is a known history)

Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_ Hay Fever \_\_\_\_\_ Bee Sting \_\_\_\_\_ Poison Ivy \_\_\_\_\_

Foods (please indicate which ones) \_\_\_\_\_

Other Allergies: \_\_\_\_\_

2. **IMMUNIZATIONS:** All participants must have had a tetanus shot within the last 10 years.  
All immunizations are current: YES NO Date of last Tetanus: \_\_\_\_\_

3. Has there been any recent exposure to a contagious disease? If so, please explain \_\_\_\_\_

4. What restrictions, if any, should be observed to fully participate in trip & work projects? \_\_\_\_\_

5. Any chronic medical problems we need to be aware of? \_\_\_\_\_

6. Any CURRENT medical problems we need to be aware of? \_\_\_\_\_

7. Is there any medication taken regularly? YES NO If "yes" you will need to fill out the medication form on the back of this form.

8. Has the participant been hospitalized in the last 6 months? If so, please explain \_\_\_\_\_

**IN CASE OF EMERGENCY, I understand every effort will be made to contact me. In the event I Cannot be reached, I hereby give permission to the physician selected by CUMC Youth Leader to hospitalize, secure proper medical treatment for my child as named above.**

Signature of parent or guardian: \_\_\_\_\_