

**River Hills Community Church
Health History and Information Form 2010**

Name: _____ Social Security #: _____
 (Last) (First) (Middle) - -
 Date of Birth: ____ / ____ / ____ Age: ____
 Home Address: _____
 (Street)

 (City) (State) (Zip)
 Home Phone: (_____) _____

Parent/Guardian

Name: _____ Cell Phone: (_____)
 (Last) (First) (Middle)
 Place of Work: _____ Work Phone: (_____)

Parent/Guardian

Name: _____ Cell Phone: (_____)
 (Last) (First) (Middle)
 Place of Work: _____ Work Phone: (_____)

In case of emergency and I (we) cannot be reached at home or work, contact:

Name: _____ Relationship: _____ Phone: (_____)
 Name: _____ Relationship: _____ Phone: (_____)

Check all that apply giving dates where appropriate:

<i>Currently have, or subject to</i>	<i>Diseases</i>	<i>Allergies</i>
Frequent ear infections	Chickenpox	Hay Fever, etc.
Frequent colds/sore throat	Measles	Poison Ivy/Oak
Sinusitis/Bronchitis	Mumps	Insect Stings
Strep Throat	German Measles	Penicillin
Mononucleosis	Whooping Cough	Aspirin
Heart Defect/Disease	Tuberculosis	Codeine
Epilepsy	Polio	Latex
Bleeding/Clotting Disorders	Diabetes	Other
Hypertension	Asthma	Food
Stomach Problems	Arthritis	
Migraines		

Other health concerns or details of above information: _____

Are immunizations up to date? Yes No Date of last Tetanus shot: ____ / ____ / ____

Are there any limitations, specific activities to be encouraged or avoided? _____

Please list any medication taken on a regular basis and directions for administering: _____

For headaches, muscle pains, etc. please administer: Aspirin
 Advil (Ibuprofen)
 Other medication-related information: Tylenol (Acetaminophen)
 Aleve (Naproxen Sodium)