Cable Road Alliance Children's Ministry
Health Information Form

2264 N. Cable Rd. Lima, OH 45807

Name: _____ Male_____ Female_____
First Middle Last

Date of birth_____ Age: _____ Current School Grade: _____

Address_____
Street City State Zip

Father's name_____ Home #_____ Cell#_____

Mother's name_____ Home #_____ Cell#_____

Emergency Contact if parents are not available_____
name number relationship

List persons authorized to pick up your child/children_____

_____

Does your child have allergies?

Nuts____ Dairy products____ Bee Stings____ Hay/Straw____

Drugs_____ Other_____

Does your child have any life threatening allergies? _____ if yes, please list and explain what steps should be followed _____

_____

_____

Does your child need to carry any medication with them? _____ If yes, please explain what it is and how/when/by whom it is to be administered. _____

_____

Has your child ever had:

Seizures____ Diabetes____ Asthma____ Celiac disease_____

Does your child use an inhaler? _____

Other? _____

Does your child have any physical, emotional, mental, or behavioral concerns or limitation that our staff should be aware of? _____

_____