



ER Ministries – We Repair Homes – God Repairs Lives
Participant Health Form

Name: Last First Middle

Permanent Address

Home Phone:

Parent/Guardian: Daytime Phone:

Evening Phone: Cell Phone:

Parent/Guardian: Daytime Phone:

Evening Phone: Cell Phone:

If my parent is not available in an emergency, notify:

Phone: Phone:

Phone: Phone:

Health History: (Check – giving approximate dates)

Diseases/Illnesses:

- Asthma, Bleeding Disorder, Cancer, Chicken Pox, Diabetes, Ear Infections, Eating Disorders, German Measles, Heart Problems, Hypoglycemia, Kidney Problems, Knee Problems, Measles, Mono, Mumps, Recurring Strep Inf, Respiratory Problems

Allergies:

- Hay Fever, Insect Stings, Ivy Poisoning, Other

Drug Allergies: (List any medication you are allergic to)

Have you been out of the USA in the past 9 months? If so, where?

Immunizations:

Tetanus – Date of Last Tetanus: (Obtain Tetanus if you are not current)

Have you been (in the past 12 months) or are you currently being treated for a psychiatric/psychological disorder? If yes, please explain:

List all previous surgeries or injuries (Give Dates):

Any illness occurring within the last 5 years that caused you to miss school or work for more than 3 days:

I am covered under my parents' Medical Insurance Plan: Yes No

Name of Insurance Company:

I have medical insurance of my own: Yes No

Name of Insurance Company:

Insurance Policy #: Insurance Policy Phone:

Consent for Treatment

I hereby give permission to the physician selected by the ER Ministry Director/s to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for myself.

(Guardian signature required if under 18 years of age).

Signature: Date: