

Health History Continued

**Please list any other health concerns, issues or details on a separate sheet and attach it.*

Diet restrictions/special needs: _____ Operations or serious injuries: (dates) _____

List specific allergies: _____

Doctor Contact Information

Name of dentist/orthodontist _____ Phone _____

Name of family physician _____ Phone _____

Name of counselor/therapist _____ Phone _____

Name of psychiatrist _____ Phone _____

Current Medications:

**Please list additional medications on a separate piece of paper. Be sure to include all details. Please note that youth will be responsible for taking their meds at the right day and time on trips and retreats.*

Name of medication: _____ Generic for: _____
Dosage: _____ mg x _____ times per day Special dosage instructions: _____
Condition med is taken for: _____

Name of medication: _____ Generic for: _____
Dosage: _____ mg x _____ times per day Special dosage instructions: _____
Condition med is taken for: _____

Insurance Information

Insurance Company _____ Policy # _____ Group # _____

Permission for Medical Treatment

This health history is correct so far as I know. I hereby give permission to the medical personnel selected by Joy Lutheran staff or appointed volunteers to supply all necessary treatment to above listed participant. I further agree to assume responsibility for the cost of any means of transportation related to medical care, and any medical care and acknowledge that these costs are the financial responsibility of the undersigned.

Signature of parent/legal guardian _____ **Date** _____

(Or signature of participant if over the age of 18)