HINDU MANDIR OF LAKE COUNTY

Sunday School 2011-12

Medical History & Release Form

(Please print all information - submit one per child being re-registered)

_____ _____

Child's Last Name First Name

Other Emergency Contact (other than parent)

_____ _____ _____

Last Name First Name Phone / Cell (10 Digit)

Preferred Hospital: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Please answer all questions fully, to the best of your knowledge. Any "Yes" answers should be explained in detail.

	Yes	No
Is your child under a physician's care now?		
Has your child ever been unconscious due to an injury? Explain		
Has your child ever had a fracture or dislocation? Explain		
Has your child ever had surgery? Explain		
Does your child take prescription drugs? Explain		
Does your child have any allergies? Peanuts [ ] Hives [ ] Asthma [ ] Bee Sting [ ] Other [ ] Explain		
Does your child have sensitivities to any drugs? Explain		
Does your child experience frequent chest pains or palpitations?		
Does your child have a recent history of fatigue or tiredness?		
Is there a history of sudden death by a family member?		
Does your child have any other physical problems or restrictions of which school should be aware? Explain		
Does your child have any other special needs? Explain		

Explanations:

As the parent or legal guardian of the above-named child/dependent. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to preserve life, limb or well-being of my child/dependant.

Name: _____

Parent / Legal Guardian (Please Print)

Date:

Signature of Parent or Guardian: _____