

Leadership 2008 Health Form Update

Please fill this out and bring it with you to Leadership Weekend- this is an update form for current medical information.

Daughters Name _____ Bethel # _____
Home Phone Number _____
Best Number for emergency Contact other then home _____

Allergies to
Medications _____
Food _____

Special Health
Concerns _____
(examples- Asthma, Epilepsy, Diabetes, Heart Disease, Sleep Walking,
conditions for continuing medical care)

Medication presently taking and brought with daughter:
Name- _____ dose _____ time _____
Name- _____ dose _____ time _____
Name- _____ dose _____ time _____
Name- _____ dose _____ time _____

These medications may be self administered _____
The Leadership Staff will control and administer these medications _____

This daughter has had the following (check only those that apply)
 Mumps Ear Infections Chicken Pox Tonsillitis
 Measles ADD/ADHD

Physicians Name _____ Phone # _____

Have there been any traumatic experiences or any stresses we need to know about that might affect your child. _____

Parent or Guardian's Signature _____ date _____