

Emergency Medical Information Health History

Has child had:

An attack of appendicitis Yes/No
Asthma or hay fever Yes/No
Hernia Yes/No
Diabetes Yes/No
Does he/she take insulin? Yes/No
Poliomyelitis Yes/No
Heart trouble Yes/No
Severe allergies Yes/No
Scarlet Fever Yes/No

Other: _____

Is child subject to:

Seizures Yes/No
Sinus trouble Yes/No
Fainting spells Yes/No
Ear trouble Yes/No
Convulsions Yes/No
Anxiety/panic attacks Yes/No
Motion sickness Yes/No

Other: _____

If you answered yes to any of these health history questions, please explain:

Is child allergic to:

Poison Ivy/Oak/Sumac Yes/No
Reaction to penicillin Yes/No
Bee or wasp stings Yes/No
If so, is a pin carried? Yes/No

Other: _____

Foods Yes/No
If so, please list:

Are child's activities restricted due to medical reasons? Yes/No

Is the child currently taking any medications? Yes/No

If yes, please list ALL medication:

All medication for those under 18 years of age must be checked in with a Grace Church of La Verne caregiver.

Legal guardian's signature

Date