

# Medical Information & Health History

Have You Had:

Appendicitis	Yes	No
Asthma	Yes	No
Hay Fever	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Do you take insulin?	Yes	No
Poliomyelitis	Yes	No
Heart Trouble	Yes	No

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Severe Allergies	Yes	No
Scarlet Fever	Yes	No
Other: _____		

Is Subject To:

Seizures	Yes	No
Sinus Trouble	Yes	No
Fainting Spells	Yes	No
Ear Trouble	Yes	No
Convulsions	Yes	No
Nervousness	Yes	No
Panic Attacks	Yes	No
Motion Sickness	Yes	No
Other: _____		

Allergies:

Poison Ivy/Oak	Yes	No
Penicillin	Yes	No
Bee Stings	Yes	No
Food Allergies	Yes	No

List food allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other: \_\_\_\_\_

Do you carry an epi-pen? Yes No

Are activities restricted due to medical reasons? Yes No

Do you require daily medication? Yes No

List any medications you currently take:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All medications must be checked in with a trip care-giver for participants under 18 years of age.

Please list or explain any pertinent medical or health information:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Grace Church of La Verne Student Ministry

6700 N San Dimas Canyon Road ▪ San Dimas, CA 91773 ▪ 909.542.0505 ▪ 909.542.0512 fax ▪ barry@gracechurchlaverne.org