

Health History

- 1). Has applicant received the following immunizations? **Diphtheria** (yr. ____), **Whooping Cough** (yr. ____), **Polio** (yr. ____), **Tetanus** (yr. ____)

- 2). Has applicant had **Measles** Yes No, **Polio** Yes No, **Mumps** Yes No, **Chicken Pox** Yes No, **Scarlet Fever** Yes No.

- 3). Check all that apply to the applicant: **Heart Trouble** **Ear Trouble** **Hernia**
Lung Trouble **Diabetes** **Seizures** **Bleeding/Clotting Trouble**
Hypertension **Mononucleosis** **Allergies** **Asthma**

- 4). List all allergies: _____

- 5). Please list any other conditions medical personnel should be aware of _____

- 6). List any medications which the applicant has brought to Convention. _____

PERMISSION / AUTHORIZATION FOR TREATMENT OF MINOR

I understand that my child _____ or will be in the care of _____ (name of Pastor, Youth Pastor) of _____ (Church City & Name) during the 2009 Southern California District Assemblies of God Youth Convention to be held at the Anaheim Convention Center, November 27th – 29th.

I understand that I, **Legal Parent/Guardian/Leader** am responsible for **complete** medical charges should injury/illness occur. I understand that the Assemblies of God Southern California District Council's policy will provide for **emergency First Aid** coverage as a courtesy, **within its limits**, but only if the Assembly of God Southern California District Council has been informed of the injury at Convention, and if the person receives medical treatment while at Convention. I hereby give permission to the medical personnel selected by the Assemblies of God District Office staff/Convention Staff, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide and arrange necessary related transportation for the named applicant. In the event that I, the parent/guardian cannot be reached in any emergency I hereby give permission to the selected physician to secure and administer treatment, including hospitalization, for the applicant named above. To the best of my knowledge all history is correct. The person herein described has permission to engage in all prescribed convention activities except as noted. This complete form may be photocopied by our church to carry during off-site free time. I also give my consent for use of photographs of the applicant, in District promotional videos, publications and/or their web site.

Signature of Parent/Legal Guardian

Date

LEADER AUTHORIZATION

To the best of my knowledge all history is correct. This complete form may be photocopied by our church to carry during off-site free time. I also give my consent for use of photographs myself, in District promotional videos, publications and/or their web site.

Signature of Applicant-Leader

Date

This completed form should be photocopied by the church to have on hand during transportation to and from Convention.