

**Desert Cross Lutheran Church Children and Youth Ministries
Health Information Form 2008-2009**

Child's Name: _____ Birthdate: _____

**Immunization History (complete dates are required)
You may attach a copy of your child's immunization records**

Vaccine Type	Doses					
	1st	2nd	3rd	4 th	5th	Booster
DtaP/DTP/DT or TD Diphtheria, Tetanus, Pertussis Provider/Clinic Name	/ /	/ /	/ /	/ /	/ /	/ /
OPV/IPV (Polio) Provider/Clinic Name	/ /	/ /	/ /	/ /	/ /	
MMR (Measles, Mumps, Rubella) Provider/Clinic Name	/ /	/ /	/ /			
Hib (Haemophilus influenza type b) (required only under age 5) Provider/Clinic Name	/ /	/ /	/ /	/ /		
Hepatitis B Provider/Clinic Name	/ /	/ /	/ /	/ /		
Hepatitis A (if required) Provider/Clinic Name	/ /	/ /	/ /	/ /		
Varicella (chicken pox) or disease date Provider/Clinic Name	/ /	/ /				
Meningococcal (MCV4) (Provider/Clinic Name	/ /	/ /				

Allergies: (foods, insects, plants, medicines) Yes No To What? _____

Describe reaction _____

Routine Medication Taken:

History of any of the following: Please check all that apply

- Asthma Seizures Diabetes Heart Problems Motion Sickness Special Diet (explain below)
 Altitude Sickness Bleeding Disorders Menstrual Problems Eye Problems
 Skin Conditions Emotional Problems Behavioral Problems Ear Problems

Challenges or Illnesses that may limit the children/youth's participation in activities:

Feel free to elaborate using the back of this form.

The information provided will be reviewed by the Parish Nurse and shared with adults having contact with this child. Please call the church at 480-730-8600 if you have questions.