

Health History

Allergies: Drugs Insect Stings Food Other

If any of the above are checked, please explain and include normal treatment of allergic reaction:

Conditions:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Frequent Stomach Upsets |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Epilepsy or other nervous disorder | | |

If any of the above are checked, please explain: _____

Name and dosage of any medication you take: _____

Date of last tetanus shot: _____

Restrictions:

- Swimming
- Diet
- Activity

Please explain any restrictions: _____

WAIVER OF LIABILITY

I, _____, do fully and expressly release, indemnify, and hold harmless **GracePoint Church**, 801 South Lower Sacramento Road, Lodi, California, its Board, Members, staff, employees, and their assigns from any and all liability for any harm, including, but not limited to, any accident(s), injury(ies), or death, incurred by my child as a result of his/her participation in any event, including, but not limited to, any athletic, recreational, social, or other activity, sponsored or attended by GracePoint Church youth ministries.

Signature

Date

Print Name