



EMERGENCY CONTACT & HEALTH HISTORY FORM

To be completed by a Parent or Guardian (please print clearly):

Child's Name _____ School _____
Address _____ City _____ State _____ Zip _____
Birth date _____ Age _____
Parent/Guardian Name _____
Phone (home) _____ (work) _____

Emergency Contact if parent/guardian cannot be reached:

Name _____ Relationship _____
Phone (home) _____ (work) _____

Health Insurance Company: _____
Insurance Certificate Number _____
Policy Holder _____ Relationship to Child _____

HEALTH HISTORY:

Please check if your child has experienced the following:

Ear Infections _____	Fainting _____	Hepatitis _____
Frequent Headaches _____	Seizures _____	Tuberculosis _____
Kidney Disorder _____	Heart Disorder _____	Surgery _____
Chickenpox _____	Diabetes _____	*Asthma _____
Sleep Walking _____	Other _____	

* If you checked Asthma, does child use a nebulizer? _____

Allergic To (Please list symptoms of allergic reaction)

Insect stings _____ reaction _____
Foods _____ reaction _____
Drugs _____ reaction _____
Plants _____ reaction _____
Other _____ reaction _____

IMPORTANT – MUST BE COMPLETED FOR ATTENDENCE

This health history is accurate to the best of my knowledge and the child herein described has parental/guardian permission to engage in all farm activities. In the event of a serious accident or illness, I hereby authorize the Farms for City Kids staff to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. I understand every effort will be made to contact family/guardians first.

Signature of Parent/Guardian _____ Date _____