

SPECIAL EVENT



Consent form for: (Check all that apply) \_\_\_ School Physical \_\_\_ Sports Physical \_\_\_ Immunization

I hereby consent for (child's name – first, MI, last) \_\_\_\_\_

to submit to a school physical, sports physical, and/or immunizations (if indicated) as part of the preventative health services provided by the staff of Ascension St. Vincent's Mobile Health Outreach Ministry.

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Female \_\_\_ Male \_\_\_

School Child Attends \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies to food, medicine, latex (please list): \_\_\_\_\_

Health Issues (asthma, diabetes, etc): \_\_\_\_\_

Previous Surgeries or Serious Injuries (include year or age of child when occurred): \_\_\_\_\_

\_\_\_\_\_

Is child taking any medications or health supplements at this time - if so please list: \_\_\_\_\_

\_\_\_\_\_

Race: \_\_\_ Asian \_\_\_ Black/Afro-American \_\_\_ Native American Indian \_\_\_ Other \_\_\_ White/Caucasian

Ethnicity: \_\_\_ Hispanic \_\_\_ Non-Hispanic

Language spoken in the home: \_\_\_\_\_

Health insurance (for statistics only):

\_\_\_ No Insurance \_\_\_ State Insurance (Medicaid, CMS, etc) \_\_\_ Other Insurance (private, Tricare, etc)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Relationship to Child