



# Faith, Long Memorial, & Emmanuel United Methodist Churches

1290 Fruitville Pike, Lititz, PA 17543; 2660 Lititz Pike, Lancaster, PA 17601  
& 11 N Church St SW, Brownstown, PA 17508

Rev. Jason Perkowski  
Rev. Sharon Barley  
Rev. Larry Kipp

Faith (717) 560-0321  
Long Memorial (717) 569-2931  
Emmanuel (717) 656-7575

## HEALTH FORM

Name of Child \_\_\_\_\_

Birthdate \_\_\_\_\_ Blood Type \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Please list allergies or conditions including medications (prescription or OTC) listing reason and dosage/times it must be administered. For trips, send enough meds along in the original container. Also list any special needs or restrictions to activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Co. Name \_\_\_\_\_

Medical Insurance Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Address: \_\_\_\_\_

Mother \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other person(s) to contact in case of emergency:

\_\_\_\_\_  
Name Relation Telephone

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

Last Revised (please initial and date): \_\_\_\_\_

**Info on this form must be updated annually**

Form Rev. 6/19/2017