



Consent form for: (Check all that apply)
School Physical Immunization
Sports Physical Other Health Visit

I hereby consent for (child's name - first, MI, last) to submit to a school physical, sports physical, other health visit, 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: Sex:

School child attends: Grade:

Child's Physician: phone #

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:

Ethnicity: Asian Black/Afro-American Hispanic Native American Indian
Other White/Caucasian

Language spoken in the home:

Does the child have health insurance? (For statistics only. We do not file insurance claims.) Please check one:
No Insurance State Insurance (Medicaid, CMS, etc) Other Insurance (private, Tricare, etc)

Name of Health Insurance:

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Today's Date

Relationship to Child