



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
(Please check one) 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