



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

I hereby consent for (child's name - first, MI, last) _____

to submit to a school physical, sports physical, immunizations (if indicated), and/or screenings 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 Attending: _____ 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