

MEDICAL INFORMATION FORM
(To be completed and signed by Parent)

LAST	FIRST	MIDDLE	HOME PHONE
STREET	CITY	STATE	ZIP CODE
Social Security #	DOB	AGE	GRADE
MOTHER'S NAME	HOME PHONE	CELL PHONE	E-MAIL
STREET	CITY	STATE	ZIP CODE
BUSINESS NAME		BUSINESS PHONE	
FATHER'S NAME	HOME PHONE	CELL PHONE	E-MAIL
STREET	CITY	STATE	ZIP CODE
BUSINESS NAME		BUSINESS PHONE	
HEALTH INSURANCE CARRIER		ID NUMBER	GROUP NUMBER
PAST MEDICAL HISTORY?		MEDICATIONS?	
ALLERGIES?			
PERMISSIONS:			
INITIALS REQUIRED FOR EACH ITEM YOU ARE GRANTING PERMISSION, THEN FULL SIGNATURE BELOW			
OBTAINING EMERGENCY MEDICAL CARE:		<small>NOTE: Over The Counter (O.T.C.) medicines will not be available on regular meeting nights and may not be available on trips away from the church. Students bringing any medications to Youth Events must turn them into the leaders upon their arrival.</small>	
ADMINISTERING FIRST AID PROCEDURES:			
TRANSPORTATION TO MEDICAL FACILITY:			
RELEASE OF INFORMATION TO MEDICAL PERSONNEL:			
ADMINISTERING TYLENOL, MOTRIN, ASPIRIN, BENADRYL, OR O.T.C. COLD MEDICINES IF NEEDED AND AVAILABLE:			
PARENT SIGNATURE:			