

MEDICAL INFORMATION CHILD INFORMATION *(Please Print)*

Youth Full Name _____
Nickname _____
Home Address _____
Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____
List all parent/guardian contact phone numbers in best order to be reached:
Primary: _____
Other(s): _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Relation: _____
Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____
Phone(s) _____ Fax: _____
Name of practice: _____
Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____
Policy/Group ID#: _____
Policy Holder's Name (please print): _____

Required: Attach a copy of medical insurance card.

MEDICATION:

List all medications the child will take during any children's trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to an adult youth leader in their original containers with complete dispensing instructions before the start of the event. Children are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

Medication Name Dose Treatment for Dispensing instructions

Example: Zyrtec 5mg Seasonal allergies Take one pill daily in the morning with food

Over-the-Counter Medication Permission: Do you give permission for your child to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a children's ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.

Parent signature _____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions your child has (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

