



**general**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ HS Graduation Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (if parent is not available):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Family Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Family's Medical Insurance Company \_\_\_\_\_

Employer's group medical insurance account number \_\_\_\_\_

**confidential health history**

Has he or she had (please mark *yes* or *no* to each):

Allergies \_\_\_\_\_ Appendicitis \_\_\_\_\_ Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_ Seizures/Fainting Spells \_\_\_\_\_ Heart Ailments \_\_\_\_\_

Any Significant injury or operation: \_\_\_\_\_ Taking any medication: \_\_\_\_\_

Allergic to penicillin or other medications: \_\_\_\_\_

Please explain fully if answered *yes* to any of the questions listed above and/or if you have any concerns/conditions that would be helpful to leaders ministering to your child:

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

**permission for medical treatment**

In the event my son or daughter becomes ill or sustains injury while in the care of or in the supervision of the Centreville Presbyterian Church youth workers, they are given permission to administer first aid for my son or daughter's relief. Consent is also given to admit him or her to any hospital facility and for all medical, surgical, diagnostic, and hospital procedures or treatment as may be performed or prescribed, including the administration of such drugs or medications, by a physician for him or her when such treatment is deemed immediately necessary or advisable to safeguard my son or daughter and it is not advisable or practical to return him or her to me or receive my instruction for his or her care. I waive my right to informed consent for said treatment.

Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

