



general

Name: _____ Date of Birth: _____ HS Graduation Year: _____

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (if parent is unavailable)

Name: _____ Phone: _____ Relationship: _____

Family Doctor: _____ Office Number: _____

Family Dentist: _____ Office Number: _____

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	Yes	No	Appendicitis	Yes	No	Heart Ailments	Yes	No
Diabetes	Yes	No	Seizures/ Fainting spells	Yes	No	Asthma	Yes	No
Any significant injury or operation:	Yes	No	Taking any medication:	Yes	No			
Allergic to penicillin or other medications:	Yes	No						

Please explain fully if answered yes to any of the questions listed above and/or 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: _____

