

general

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

E-mail Address: _____ Phone: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Doctor: _____ Office Number: _____

Dentist: _____ Office Number: _____

Medical Insurance Company: _____

Group Medical Insurance Account Number: _____

confidential health history

Have you ever had (please mark yes or no to each):

Allergies: _____ Appendicitis: _____ Heart Ailments: _____

Diabetes: _____ Seizures/ Fainting Spells: _____ Asthma: _____

Any significant injury or operation: _____ Taking any medication: _____

Allergic to penicillin or other medications: _____

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

Date of last Tetanus Shot: _____

permission for medical treatment

In the event I become ill or sustain injury while in the care of or in the supervision of the Centreville Presbyterian Church leaders, they are given permission to administer first aid for my relief. Consent is also given to admit myself 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 when such treatment is deemed immediately necessary or advisable to safeguard myself. I waive my right to informed consent for said treatment.

Name: _____

Signature: _____

Date: _____