

**MEDICAL FORM
PRESBYTERIAN CHURCH OF THE ROSES
VALID FROM 6/1/09-5/31-10**

Each person must have a medical form on file prior to off-premises trips. Please complete the form and return it to the church.

PLEASE TYPE OR PRINT ALL INFORMATION

Name _____ Age _____ Birth _____ / _____ / _____ Grade _____ Gender _____
Address _____ City _____ Zip _____
Phone (home) _____ (work) _____ (cell) _____

EMERGENCY CONTACT

Name _____ Relationship _____
Phone (home) _____ (work) _____ (cell) _____
Child's/Family Physician _____ Phone _____

ALLERGIES: Please specify items and describe the symptoms of any allergic reaction to the following:

Foods _____ Medicines _____
Insects _____ Plants _____
Other _____

Required Treatment _____

Date of Last Tetanus Inoculation _____

Current Medication (Name and Reason) _____

Is any of the above medication self administered? _____ YES _____ NO

Is there any physical/medical condition that leaders should be aware of? _____

INSURANCE INFORMATION

In case of an emergency where it would be necessary to obtain medical or emergency room care, it will be necessary for the leaders on hand to have the following information.

Company Name _____ Policy Number _____

Legal Name of Policy Holders _____

CONSENT STATEMENT

I hereby give permission for adult leaders of Presbyterian Church of the Roses to seek medical attention on my behalf (as well as for my son/daughter) in the event of an emergency and to use the above information to help with medical treatment.

Name of parent/legal guardian (*please print*) _____

Signature _____ Date _____

(Signature of parent or guardian if participant is under 18)