MEDICAL FORM
PRESBYTERIAN CHURCH OF THE ROSES
VALID FROM 6/1/10-5/31/11

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)