St. Giles Presbyterian Church Student Ministry - Medical Form

Name: _____ Date of Birth: ___ / ___ / ___ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ ZIP: _____

Name of Parents: _____ Telephone: _____

Cell phone, beeper or alternate #'s where you can be reached: _____

Business Name & Phone Number of Parents: _____

If people listed above are not available, in the event of an emergency, please notify: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name, Address & Phone # of Physician:

_____

_____

Name of Health/Accident Insurance Carrier: _____

Policy #: _____ Group #: _____ SSN: _____

Explain any YES answers and give all information needed to provide as safe and as full participation as possible.
(Select One)

Asthma Y N	Heart Disease Y N	Cancer Y N	Allergies Y N	High Blood Pressure Y N
Hemophilia Y N	Convulsions Y N	Diabetes Y N	Leukemia Y N	Other Y N

Explanations: _____

_____

_____

Any reason to restrict full activity? Y N

List any conditions limiting full participation (physical or emotional):

Currently taking any medications: Y N If YES, please list:

_____

_____

Any special equipment such as orthopedic devise, glasses, contacts, dentures? Y N
Please explain:

_____

Immunizations and dates of last inoculation:

_____

Tetanus _____	Polio _____	Mumps _____	Diphtheria _____
Pertussis _____	Measles _____	Rubella _____	Hepatitis A / B _____/_____

Please read, and have notarized:

In case of emergency I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment that may include hospitalization, anesthesia, surgery or injections of medications for my child.

Dated this _____ day of _____, 20_____

Signature of Parent _____

Commonwealth of Virginia County of _____
On this _____ day of _____, 20 _____, _____ personally appeared before me, and in my presence executed the within and foregoing personal health and medical summary.

_____
Notary Public Signature

My commission expires: _____