

# CHRIST CHURCH 2009-2010 STUDENT MEDICAL FORM

STUDENT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS: HOME \_\_\_\_\_ WORK \_\_\_\_\_ PAGER \_\_\_\_\_ MOBILE \_\_\_\_\_

PERSONS TO NOTIFY IN EMERGENCY IF PARENT OR GUARDIAN CANNOT BE REACHED:

1) \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

2) \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ IDENTIFICATION # \_\_\_\_\_

**(Please include a copy of your insurance card)**

PHYSICIAN NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DENTIST NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

KNOWN DRUG ALLERGIES \_\_\_\_\_

PLEASE WRITE "YES" ON THE LINE TO ANY AND ALL OF THE FOLLOWING THAT APPLY TO YOUR CHILD:

Asthma	_____	Environmental Allergies	_____	Insect Bites	_____
Hives	_____	Fainting	_____	Poison Ivy or Oak	_____
Food Allergies	_____	Bee Stings	_____	Drug Allergies	_____

If any of the above is "Yes", please submit a statement of how the child has been treated and with what medication. This and any other medications will be dispensed by the Directors of Student Ministries or Student Ministries Adult Volunteers.

Please list any other special information of which we should be aware (i.e. diabetes, epilepsy, etc.) \_\_\_\_\_  
\_\_\_\_\_

For any off site event, a separate form will be required.

If your student might require medication while attending an event sponsored by Christ Church United Methodist, the parent must supply the following information: (Medication must be in original container or with explicit written directions.)

Kind of Medication: \_\_\_\_\_

Reason for taking medication: \_\_\_\_\_

Date(s), time(s), and amount of dosage: \_\_\_\_\_

May youth counselors dispense Tylenol (acetaminophen), ibuprofen, or Benadryl (diphenhydramine) to your child for pain, fever or allergies as directed?

Tylenol: YES \_\_\_\_\_ NO \_\_\_\_\_ Ibuprofen: YES \_\_\_\_\_ NO \_\_\_\_\_

Benadryl: YES \_\_\_\_\_ NO \_\_\_\_\_

## MEDICAL TREATMENT RELEASE FORM:

In the event you are unable to reach me, in the case of injuries or accident, I give permission for treatment of my child as deemed necessary. I also release Christ Church United Methodist and its program staff and ministry team/volunteers of liability in case of accidents incurred to my child while attending Student Ministries or Music Ministries sponsored functions during the 2009-2010 program year. I understand my child's presence indicates my consent to the validity of this form.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**This form valid until August 31, 2010**

