

Physician's Information

Family Physician

Physician's phone #

Dentist

Dentist's phone #

Specialist (please specify)

Specialist's phone

Insurance Information

Medical/Hospital Insurance Carrier

Claims Address

Policy or Group #

Insured's (or policy holder's) name

Insured's # (usually policy holder's SS#)

Claims Phone #

Jr. and Sr. High Leader Health Information and Release Form First Presbyterian Church of Evanton

Leader's Name

Address

Birthdate

Home phone #

home e-mail address

work e-mail address

Other Phone #'s

Work phone #

Cell phone #

Other phone/Fax

HEALTH HISTORY

Do you have any chronic or recurring illness? (list)

Do you have any allergies? (list)

Are you taking any medication on a regular basis? (list and give directions)

Are there any specific activities that should be restricted?

Date of the most recent Tetanus booster _____

Please let us know when you come on a trip, with the Youth Ministries Program, if you have been exposed to any communicable diseases during the three weeks prior to the trip.

History (check or give appropriate dates where applicable):

Ear Infections _____	Ivy Poisoning, etc. _____	Measles _____
Rheumatic Fever _____	Insect Stings _____	German Measles _____
Convulsions _____	Penicillin reaction _____	Mumps _____
Diabetes _____	Other drugs reactions _____	Asthma _____
Behavior _____	_____	
Hay Fever _____	Chicken Pox _____	

EMERGENCY CONTACT NUMBERS

Contact Person #1

Contact Person #2

Relationship to leader

Relationship to leader

Phone #'s

Phone #'s

MEDICAL RELEASE AGREEMENT

I hereby give permission to First Presbyterian Church Youth Staff to provide routine, nonsurgical medical care for myself as named in this form, during the year 2000 and 2001. This applies to any church sponsored activity I attend on or off the First Presbyterian Church of Evans-ton's premises. In the event I am unconscious or otherwise incapacitated in an emergency, I hereby give permission to the nurse or physician selected by the youth staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for myself as named in this form except as noted below:

Excep-
tions: _____

Signature of youth leader

Date