

## 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 Health Information and Release Form First Presbyterian Church of Evanton

Student's Name

Address

Birthdate

Home phone #

Father's name

Mother's name

Guardian's name

Student's e-mail address

Parent/Guardian e-mail address

**Parent/Guardian Phone #'s**

Please specify the person that can be reached at each number.

Work phone #1

Work phone #2

Cell phone #1

Cell phone #2

Other phone/Fax

# HEALTH HISTORY

Does the student have any chronic or recurring illness? (list)

Does the student have any allergies? (list)

Is the student 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 your child comes on a trip, with the Youth Ministries Program, if he/she has 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 (other than parents/guardians)

\_\_\_\_\_  
Contact Person #1

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Phone #'s

\_\_\_\_\_  
Contact Person #2

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Phone #'s

# MEDICAL RELEASE AGREEMENT

I hereby give permission to First Presbyterian Church Youth Staff to provide routine, non-surgical medical care for my child as named in this form, during the year 2000 and 2001. This applies to any church sponsored activity my child attends on or off the First Presbyterian Church of Evanston's premises. In the event I cannot be reached 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, anaesthesia, or surgery for my child as named in this form except as noted below:

Exceptions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent or guardian

\_\_\_\_\_  
Date