

EMERGENCY MEDICAL INFORMATION

STUDENT:

DOCTOR/INSURANCE:

Name _____

Address _____

City _____ ZIP _____

Birth Date _____ SS # _____

Home Phone _____

Father's Work _____

Mother's Work _____

Emergency Phone _____

Emergency Phone _____

Name _____

Address _____

City _____ ZIP _____

Office Phone _____

Home Phone _____

Insurance Co _____

Insurance Card # _____

Insurance Card # _____

Authorization Phone # _____

HEALTH HISTORY

If the answer is "YES" to any of the following, please explain on the back of this form.

<u>Has He/She Had:</u>	YES	NO	<u>Is He/She Subject To:</u>	YES	NO
Appendicitis attack(s)	Y	N	Sinus trouble	Y	N
Asthma or hay fever	Y	N	Fainting spells	Y	N
Hernia	Y	N	Ear trouble	Y	N
Rheumatic fever	Y	N	Poison ivy/oak/sumac	Y	N
Diabetes	Y	N	Reaction to penicillin	Y	N
Take insulin?	Y	N	Nervous or easily upset	Y	N
Polio/parotitis	Y	N	Allergic to aspirin	Y	N
Heart trouble	Y	N	Date of last tetanus shot _____		
Scarlet fever	Y	N	Under medical care that requires medication?	Y	N
Severe allergies	Y	N	Restricted activity for medical reason	Y	N
Significant disease/injury/operation	Y	N			

I hereby grant permission for my son/daughter _____ to attend activities sponsored by Fellowship Bible Church, Rt. 1, Box 5A, Bridgeport, WV. This includes permission to transport him/her to and from such activities. I understand that these activities will be chaperoned by an adult sponsor of this organization. I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the necessary care (including anesthesia) for my child's well-being. This permission shall remain in effect until December 31, 2007.

Signature of Parent or Legal Guardian: _____ **Date:** _____