

HEALTH INFORMATION FORM FOR CHILDREN

(both sides must be completed by parent or legal guardian and signed on the back)

The physical condition of my child, _____
Last name First Name MI

Street Address City State Telephone Telephone T-shirt size: YXS YS YM AS AM AL AXL AXXL

Is such that my child (may___) (may not___) participate in church, youth and choir activities, events and trips.

Does your child have emotional or behavioral traits of which you would like the leader to be aware? If so, please explain: _____

Does your child have any physical conditions of which you would like the leader to be aware? If so, please explain: _____

Does your child have any allergies, drug related or not, of which you would like the leader to be aware of? If so, please explain: _____

Are there any special provisions required for anything stated above of which you would like the leader to be aware of? If so, please explain: _____

Has your child received a tetanus shot in the last 5 years? YES NO

Child's Date of Birth ___/___/___

Physician's address _____ Phone _____

Health Insurance Company _____ Acct # _____

If my child has had an operation or serious illness since the last physical exam, I will attach written permission from the physician for my child to attend and participate in church, youth, and choir activities.

My Child has my permission to

Swim: __Yes__ __No__ Dive: __Yes__ __No__ Hike: __Yes__ __No__ Canoe/Boat: __Yes__ __No__ Camp: __Yes__ __No__
Ride Horseback: __Yes__ __No__ Rock Climb: __Yes__ __No__ Archery: __Yes__ __No__ Ropes Course: __Yes__ __No__
Riflery: __Yes__ __No__ Other normal camp activities: __Yes__ __No__

AUTHORIZATION FOR MEDICATION

I, _____ (DO__) (DO NOT__) give permission for the over-the-counter products such as Tylenol, Pepto-Bismol, anti-bacterial ointment, insect repellent, Ibuprofen to be given or applied to my child. My child is allergic to or may not specifically be given _____ MEDICATIONS.

My child is presently taking _____
For treatment of: _____
For treatment of: _____

My child (will self-administer this medicine __) (__ will have one of the adult leaders administer this medicine). In the event of an emergency the adult leaders (may __) (may not __) administer this medicine.

EMERGENCY PHONE NUMBERS: Phone _____ Relationship to child _____
Phone _____ Relationship to child _____
Phone _____ Relationship to child _____

In the event of a real medical emergency 911 will be contacted.

PERMISSION TO SEEK TREATMENT

If a serious emergency arose, it might be necessary for a physician to attend your son/ daughter before the chaperones could get in touch with you or your designated physician. Such care can be provided only if you sign the following Authorization for Medical Treatment.

I, the undersigned parent or legal guardian of, _____, a minor, do hereby authorize and consent to any X-rays, examination, anesthetic, medical or surgical diagnosis or treatment rendered by a licensed M.D. or those under the supervision of the M.D. In the event emergency treatment by a rescue unit is indicated, my approval is also given. I further authorize the representative of this form to select a medical doctor and/or hospital of his or her choice for the purpose of diagnosis or treatment of the above-named minor.

It is understood that this authorization is given in advance of any specific authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the above-named minor, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature _____ Date _____ Relationship _____

Insurance Agent/Company _____

Policy Number _____ Limit of Liability (if known) _____

PARENT PERMISSION

I (name of parent or guardian) _____ hereby release and discharge all chaperones for all claims of damage, demands, actions whatsoever in any manner arising or growing out of my son or daughter's participation in trips approved by First Presbyterian Church. I understand that if my child becomes ill or misbehaves, I will accept financial responsibility. Except for those limitations named on this health form, I certify that (minor) _____ is healthy and fit to participate.

This consent shall remain effective from 12:01 a.m. April 1, 2024, until Midnight May 31, 2025.

Signature of Parent or Guardian _____ Date _____

Subscribed and sworn to me this _____ day of _____, 20_____.

Notary Public _____ my commission expires: _____