

MEDICAL INFORMATION FORM

Name _____ Home Phone _____

Parent/Guardian Name _____ Work Phone _____ Cell Phone _____

Insurance Company _____ Policy Number _____

Family Physician _____ Office Number _____

Name of person (other than self) authorized to act for participant in an emergency:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Allergies (including drugs): _____

Last Tetanus Shot: _____

Please list any medications to be taken by participant and frequency:

Special instructions or information:

I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, and operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named student.

I release Denton Bible Church, its staff and volunteers from claim or liability due to sickness or injury. I attest to the fact that the above named participant is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency.

PARENT/GUARDIAN SIGNATURE

Date _____

(Printed)