

EMERGENCY AND MEDICAL INFORMATION

Name _____ Sex: Male _____ Female _____

Address _____ Birth Date: _____

_____ Telephone: _____

E Mail Address _____

Insurance _____ Group or ID #: _____

Address _____ Phone: _____

Emergency Contact Persons:

Name: _____ Relationship: _____

Telephone #: home (____) _____ Work (____) _____

Name: _____ Relationship: _____

Telephone#: home (____) _____ Work (____) _____

Check any of the following areas where the teen has a history of health problems:

Respiratory _____ Stomach Upsets _____ Ears _____

Heart _____ Diabetes _____ Headaches _____ Sinus _____

Others (specify) _____

List any medications your teen is currently taking: _____

Does the teen have reactions to any medications? Y N

(Specify) _____

Is there any food or drink that should be avoided? Y N

Are there any other physical restrictions? Y N

Is there anything else of medical importance of which the youth pastors, leaders, doctor, or nurses should be aware?

MINOR TRAVELER MEDICAL RELEASE:

We, the undersigned, parents of _____, a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor.

It is understood that this permission is given in advance of any specific diagnosis or treatment being required, but it is given to encourage the adult youth pastor and leaders of Heritage Baptist Church, and the physician of their choice, to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall be in effect during the entire 2010-2011 school year.

It is agreed that Heritage Baptist Church and individuals will not be held responsible for injuries caused by accidents or otherwise.

(Parent's Signature)

(Date)

(Parent's Signature)

(Date)