

Calvary United Methodist Church (UMC) Medical Form *

When traveling with your child, it is our intent to have the most recent, up-to-date medical information available so that we may care for your child in the event of any emergency.

Please attach a copy of applicable Health Insurance Card(s).

Name _____ M F Age _____ Birthdate _____

Parent/Guardian _____

Address _____

Cell Phone # _____ Home Phone # _____

Work Phone # _____ Hours/Shift _____

In the event of an emergency, we will make every effort to reach parent/guardian first. If we cannot, please list two emergency contacts:

Name & relationship _____ Phone # _____

Name & relationship _____ Phone # _____

Primary Health Insurance: Company _____

ID/Policy # _____ Group # _____

Primary Care Physician _____ Phone # _____

Are you a member of an HMO? Yes No

Describe any special needs your child may have

Medications child is allergic to _____

What kind of reaction? _____

Current Medications (Name/Reason) _____

Is there any non-prescription medication you DO NOT want your child to receive? _____

Date of last physical _____ Height _____ Weight _____

Has your child had a tetanus shot in the past 5 years _____ yes _____ no
 Has your child ever had hepatitis _____ yes _____ no
 Has your child ever had a history of behavioral or emotional problems _____ yes _____ no
 (Describe on a separate sheet of paper)

PLEASE CIRCLE THOSE THAT APPLY AND EXPLAIN AS NECESSARY

- | | | | |
|----------------------|----------------------------|---------------|----------------------|
| ADHD | Allergies | Anxiety | Asthma |
| Bed Wetting | Bleeding/Clotting Disorder | Braces | Bronchitis |
| Convulsions/Epilepsy | Depression | Diabetes | Ear/Hearing Problems |
| Ear Infections | Eye/Vision Problems | Fainting | Heart Defect/Disease |
| Homesickness | Hypertension | Insect Stings | Nosebleeds |
| Poison Ivy | Sleep Disorders/Walking | Swimmer's Ear | Vegetarian |

Others _____

Explanation _____

Chronic or recurring illness _____

Any other pertinent information, conditions requiring medication, special care or special diet _____

I give permission for my child to be photographed and/or videotaped for display and promotion of the activities of Calvary UMC including print use, Power Point use, internet use (Calvary's UMC website) and the like. Please initial _____ yes _____ no.

With my signature, I agree to allow the event coordinator to use his/her best judgment in the care of my child in the event of an illness or emergency and to dispense Tylenol, Advil, Benadryl and other over the counter medications as necessary. I have also discussed the trip rules with my child and agree to come and pick up my child at my own expense should a conflict situation arise that cannot be resolved by the event coordinator.

 Parent/Guardian Signature

 Date

**This form must be updated yearly.*