

First Presbyterian Health Form For the Year of 2006

This health form shall be good for the youth year 2006. Once you have filled it out, please return it to the church office.

I hereby release 1st Presbyterian Church, its staff and adult representatives, from responsibility and liability for any injury and/or illness that my child may sustain during the event. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray, examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Youth's Name: _____ Date of Birth: ____/____/____

Address: _____

City/State/Zip: _____

Parent/Guardian Signature: _____

Parent's Phone: _____ Cell: _____

If I am unreachable in an emergency, contact: _____

Relation to Youth: _____

Emergency Telephone: _____ Cell: _____

Name of Family Doctor: _____ Phone: _____

Medical Insurance Company: _____

Contact Number: _____

Date of last tetanus immunization: ____/____/____ Has he/she had penicillin?: _____

List any medication he/she is currently taking: _____

List any medication to which he/she is allergic: _____

List any current medical program or medicine: _____

*If any of the information changes during the year, you must fill out another 2005-2006 health form, write "UPDATED" in the left corner above the date, and return to the church office.