NEW BETHLEHEM PRESBYTERIAN CHURCH

YOUTH MEDICAL INFORMATION FORM

Name (Last, First, MI)		Birthdate	Age	Gender

Street Address	City	State	Zip	Phone

Person to notify in case of emergency	Relationship	Address	Home phone	Work phone

Person to notify in case of emergency	Relationship	Address	Home phone	Work phone

Does he or she have or ever had any of the following? (Please check all that apply and explain fully below)

☐ Asthma ☐ Hypertension ☐ Hernias ☐ Back Problems ☐ Knee Injuries
☐ Allergies ☐ Seizures ☐ Fainting Spells ☐ Head/Neck Injuries ☐ Other
☐ Diabetes ☐ Stomach Problems ☐ Hearing Deficit ☐ Fractures

Please explain items checked above

Do you grant permission for an adult youth leader or chaperone to administer the following over-the-counter medications: (check all that apply)

☐ Tylenol ☐ Benedryl ☐ Robitussin ☐ All of the above
☐ Advil ☐ Claritin ☐ Antibiotic Cream ☐ I DO NOT GRANT PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS
☐ Tums ☐ Pepto Bismol ☐ Sunburn Spray

Does he or she have any drug allergies?	Is he or she currently taking any medication?
☐ No ☐ Yes Reaction:	☐ No ☐ Yes explain:
Does he or she have a history of heart / blood problems?	Name of Person Carrying Medical Insurance for Participant
☐ No ☐ Yes	
Name of Family Physician Physician's Phone Number	Insurance Name Policy Number Group Number

By signing this form, I am also granting permission for immediate first aid to be rendered if necessary. Additionally, I agree to allow the event leader or chaperone to seek medical treatment at the nearest or most appropriate medical facilitiy or provider and to transport my child to and from that provider.

Signature of parent / Guardian _____ Relationship to child _____ Date _____