NEW BETHLEHEM PRESBYTERIAN CHURCH

YOUTH MEDICAL INFORMATION FORM

Name (Last, First, MI)		Social Security Number	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

Does he or she have any drug allergies? [ ] No [ ] Yes Reaction:	Is he or she currently taking any medication? [ ] No [ ] Yes explain:
Does he or she have a history of heart / blood problems? [ ] No [ ] Yes	Please explain any other medical information that is relevant on the back of this form.
Name of Family Physician Physician's Phone Number	

Signature of parent / Guardian

Relationship to child

Date