

Medical Information Form
First Presbyterian Church – Monroe, NC

Date form signed: _____ Date/Initials for update: _____

In the event that my child, _____
First name Middle name Last name

Becomes ill or sustains an injury while on an authorized and chaperoned outing from First Presbyterian Church, Monroe, N.C., I the undersigned give permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer First Aid. I understand that this consent will apply to all emergency situations present and future until written revocation is made.

Full name of parent/guardian Signature of parent/guardian

Address: _____
Street City State Zip

Phone: (home) _____ (work) _____ (cell) _____

Alternative contact: (name) _____

Address: _____
Street City State Zip

Phone: (home) _____ (work) _____ (cell) _____

Youth's date of birth: _____

Insurer's name: _____

Insurance company: _____ Policy number:

Address: _____
Street/PO Box City State Zip

Insured's employer: _____

Address: _____
Street City State Zip

Any special health problems: _____

Any medications: _____ Allergies: _____

Doctor's name: _____ Phone: _____

Address: _____
Street City State Zip