

First Church

A United Methodist Congregation



First United Methodist Church
68 N. Church Street
Ephrata, PA 17522
(717) 738-2465

MEDICAL EMERGENCY FORM

(To be completed and signed by parent/guardian. Please print or type all entries.)

Participant's Name _____ Nickname _____

(First) (MI) (Last) E-mail Address _____

Date of Birth _____ Age ____ Sex: M F Grade ____ Height ____ Weight ____

Address: _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Phone Numbers of Parent/Guardian at: Home () ____ - ____; Work () ____ - ____

Physician's Name _____ Phone No. () ____ - ____

Family Medical/Hospital Insurance Carrier _____ Policy/Group # _____

Parent/Guardian's Insurance Group Name _____ Policyholder's Soc.Sec. #: _____

(Information is required since each participant is covered by limited accident and medical insurance--in excess of parent's own insurance; CHURCH'S POLICY IS A SECONDARY POLICY. Pennsylvania State law prohibits duplicate payments.)

Part II: Illnesses and Injuries

(Check Those That Apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> AIDS/ARC | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Upper Respiratory Infection |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lice | <input type="checkbox"/> Other (Specify) _____ |

Date of Participant's Last Health Exam _____ Were any complicating medical problems noted? _____

Is participant currently under a physician's care for a medical problem? _____

Since participant's last health exam, has he/she had:

_____ A serious injury requiring medical attention? Date: _____ What? _____

_____ A surgical operation or fracture? Date: _____ What? _____

_____ Medication prescribed by a physician
to be taken on a regular basis? Date: _____ What? _____

_____ A diagnosed infectious disease? Date: _____ What? _____

_____ A physician's restriction from participating
in any school physical education activity? Date: _____ What? _____

NOTE: A written statement from your physician granting your child permission to participate in strenuous activity such as water sports, horseback riding, hiking or non contact sports is required if you indicated a "Yes" reply to any of the above questions.

(CONTINUED ON BACK)

PART III: Immunizations

(If Available)

DPT or TD: Date of Last Booster _____

Tuberculin Test: Type _____ Date Given _____ Results: (Circle One) Positive Negative

PART IV: Allergies

(Check Those That Apply)

____ Animals ____ Medicines/Drugs ____ Foods ____ Plants (Poison Ivy, etc.)
____ Hay Fever ____ Pollens ____ Insect Stings ____ Other (Specify)

Please explain any allergies checked above and list treatment if any is necessary: _____

PART V: Other Health Conditions

(Check Those That Apply)

____ Bed Wetting ____ Fainting ____ Sleepwalking
____ Constipation ____ Hearing Impairment ____ Stomach Upsets (Chronic)
____ Ear Tubes - How Protected? ____ Menstrual Cramps ____ Wears Contact Lenses or Glasses
____ Emotional Problems ____ Nosebleeds ____ Special Dietary Regimen
(Please Contact Church)

Please indicate any information useful to the Church in relation to any of these health conditions.
Also indicate any activities which should be encouraged or restricted.

PART VI: Certification & Authorization

I certify that the information provided on this Health History Form is, to the best of my knowledge, complete and accurate. I know of no reason(s), other than the information indicated on this form, why my son/daughter should not participate in prescribed activities.

My son/daughter, _____ has permission to participate in the activities
(First Name) (MI) (Last Name)

associated with trip planned by First United Methodist Church, Ephrata, PA. Further, in the event of an emergency, the Trip Supervisor or his/her designated representative for First United Methodist Church, Ephrata, PA, is authorized to act in my behalf in securing medical treatment for my child as named above.

(Signature of Parent or Legal Guardian)

(Date)

PART VII: WEB SITE RELEASE

I hereby give First United Methodist Church permission to use the photographs/sound/video of the minor(s) named above for web site use. This might also apply to the written composition or visual art of the minor if it is published.

I hereby release and discharge First United Methodist Church from any and all claims arising out of the use of the photographs/sound/video/composition that the minor listed may have in this regard.

(Signature of Parent or Legal Guardian)

(Date)