



FIRST PRESBYTERIAN CHURCH
of Wheaton

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EMERGENCY AND MEDICAL FORM

(please complete once per year, one per child)

Date: _____

Name _____ Birthday _____

Parent/Legal Guardian Name _____

Address _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Plan # _____

Date of Last Tetanus Shot (Month/Year) _____

Special Medical Condition: (e.g. Allergies to medicine or food, chronic illnesses or other conditions):

Current Medications (prescription &/or over the counter): _____

Permission for Medical Treatment: As a parent and/or guardian, I hereby authorize and direct the treatment by a qualified and licensed medical doctor or emergency care provider of the following minor child in the event of a medical or dental emergency and agree to be financially responsible for the same.

The Permission and Release for Minor Child is incorporated herein by reference.

Parent/Guardian Signature _____ Date _____

Additional contact in case of Emergency:

Name _____ Relationship _____ Phone _____

I've reviewed the form and this information is accurate.

Year 2: Date _____ Initial _____

Year 3: Date _____ Initial _____

Year 4: Date _____ Initial _____