



FIRST PRESBYTERIAN CHURCH

Emergency Information and Health Form



This form must be completed by parents of all children under 18. All adults are required to complete one as well. This form will stay with the adult sponsor but the camp must see that all have been collected.

Date completed ____ / ____ / ____

Name _____ Birth date ____ / ____ / ____ Sex ____ Age ____

Parent/Guardian/Spouse _____ Phone (____) _____

Home Address _____
Street Number or Box City State Zip

Business Address _____ Phone (____) _____
Street Number and Suite City State Zip

Second Parent/Guardian or Emergency Contact _____

Home Address _____
Street Number or Box City State Zip

Business Address _____ Phone (____) _____
Street Number and Suite City State Zip

Cell Phone/Pager Number (what/who): _____

If not available in an emergency notify:

Name _____ Relationship _____ Phone (____) _____

Health Information: Please note in detail any health information i.e. allergies to food, medicine, plants, insects and severity, medications taken regularly chronic or recurring illness, operations or serious injuries (date), any specific activities to be limited by physicians advice.

Name of Family Physician _____

Phone (____) _____ After Hours Phone(____) _____

Name of Family Physician _____ Phone (____) _____

Hospital Preference _____

Insurance Information: My child has insurance | My child does not (I do not) have insurance

Name of Medical/Hospital Insurance Carrier _____

Address _____

Phone (____) _____ Policy No. _____ Group No. _____
Street Number or P.O. Box City State Zip

This health information is correct as far as I know, and the person listed above has permission to engage in all camp/church activities except as noted. I hereby give permission to the church/camp: (1) to provide ongoing health care; (2) to select medical personnel and to order X-rays or routine tests or treatment for the person listed above.

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. I give my permission for this form to be photocopied for any necessary camp/church purposes.

Signature of parent or guardian or adult _____ Date _____

Witness to signature _____ Date _____

GROWING IN GOD'S GRACE