

**Christ Presbyterian Church  
EMERGENCY MEDICAL INFORMATION**

(Please complete one form per child in your family and return to the church office)

Date Completed: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Other Emergency Phone Numbers: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_

Mailing Address of Insurance Co: \_\_\_\_\_

Name of Employer Medical Insurance Provided: \_\_\_\_\_

Group Medical Insurance Account Number: \_\_\_\_\_

**Confidential Health History**

Has he/she had (Check if 'yes' and please specify dates):

- |  |   |
|--|---|
| <input type="checkbox"/> Appendicitis    | <input type="checkbox"/> Heart Ailments |
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Scarlet Fever  |
| <input type="checkbox"/> Hay Fever       | <input type="checkbox"/> Hernia         |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Poliomyelitis  |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Epilepsy       |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Other _____    |

Has he/she had any significant injury or operation (please specify)?

Is he/she taking any medications (please specify)?

Is he/she allergic to penicillin or any other medications (please specify)?

Does he/she have any other allergies (please specify)?

Christ Presbyterian Church  
**PERMISSION SLIP**

I do hereby give \_\_\_\_\_ permission to attend  
\_\_\_\_\_ with Christ Presbyterian Church on  
\_\_\_\_\_. If my child becomes ill or sustains injury during this event,  
including transit, I give my permission for those in charge to administer emergency first aid. I also  
consent to necessary emergency diagnosis and treatment, to include hospitalization, upon the advice  
of a duly licensed physician and/or surgeon.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Special instructions/considerations:

**NOTE: If you have not completed an Emergency Medical Information Form, or if any of your child's  
information has changed, please contact the church office at (717) 737-0051**