

EMERGENCY MEDICAL
INFORMATION/PERMISSION FORM

I hereby grant permission for my son/daughter _____
(Name)

To attend activities both on the church property and away from the church, sponsored by Medina Assembly of God, 830 Lafayette Rd., Medina, OH. This includes permission to transport my son/daughter to and from such activities. I understand that these activities will be chaperoned by an adult sponsor of said organization. I will not hold the church or its leaders responsible for any injuries. This permission shall remain in effect unless revoked in writing and delivered to said agent (s).

(Date)

(Signature of Parent or Legal Guardian)

EMERGENCY MEDICAL INFORMATION

Full Name: _____ Doctor's Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Birth date: _____ Age: _____ Doctor's Off. Phone: _____

Home Phone: _____ Doctor's Home Phone: _____

Father's Work Phone: _____ Emergency Phone: _____

Mother's Work Phone: _____ Emergency Phone: _____

Insurance co.: _____ Insurance Card#: _____

Agent: _____ Insurance Policy#: _____

HEALTH HISTORY

Has he/she had:	Yes	No	Is he/she subject to:	Yes	No
An Attack of appendicitis	___	___	Sinus Trouble	___	___
Asthma or hay fever	___	___	Fainting Spells	___	___
Hernia (rupture)	___	___	Ear Trouble	___	___
Rheumatic fever	___	___	Convulsions	___	___
Diabetes	___	___	Poison ivy, oak or sumac	___	___
Does he/she take insulin?	___	___	Reaction to penicillin	___	___
Poliomyelitis	___	___	Nervousness/easily upset	___	___
Heart trouble	___	___	Allergy to aspirin	___	___
Severe allergies	___	___	Date of last Tetanus shot	_____	
Scarlet Fever	___	___	Taking any Medication	___	___
Any serious disease, injury or operation				___	___
Is his /her activity restricted due to medical reasons				___	___

If the answer is "yes" to any of the above, please explain below.

Emergency Contact

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relation: _____