



EMERGENCY MEDICAL INFORMATION

Medical Information for \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Medical/Hospitalization Insurance Provider  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_  
Policy Number \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Recommended Immunizations Current? (based on minor's age) Yes \_\_\_\_\_ No \_\_\_\_\_

Known allergies to:  
\_\_\_\_\_ Penicillin \_\_\_\_\_ Poisonous plants \_\_\_\_\_  
\_\_\_\_\_ Other drugs \_\_\_\_\_ Food \_\_\_\_\_  
\_\_\_\_\_ Insect bites \_\_\_\_\_ Other \_\_\_\_\_

Chronic or recurring medical/health problems (i.e. asthma, bronchitis, diabetes, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Regularly used medications:  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any activity restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Other comments of suggestions from the parent or guardian concerning this minor:  
\_\_\_\_\_  
\_\_\_\_\_

*Please return completed form to the church office.*