

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:

_____ None
_____ Penicillin _____ Poisonous plants _____
_____ Other drugs _____ Insect bites _____
_____ Food _____ Other _____

Chronic or recurring medical/health problems (i.e. asthma, bronchitis, diabetes, use of EPI Pen 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.