



CGEFC STUDENT MINISTRIES HEALTH FORM

Name _____ Male _____ Female _____ Date of Birth _____

1. Are you aware of any physical condition that could present a problem during Student Ministries activities? If so, please explain.

2. List any recent illnesses:

3. Are you presently using any prescribed medication? Yes No
If so, please explain.

4. List any allergies:

5. Year of last tetanus shot _____

6. Family Physician _____ Phone _____

7. Insurance Information:

Insurance Company _____ Policy # _____

Name of policy holder _____

Prescription Coverage by _____ Policy # _____

As parent/legal guardian of the above-named minor, I hereby authorize and give my consent to representatives of Cary-Grove Evangelical Free Church Student Ministries to seek any necessary emergency medical treatment. I understand that youth workers will attempt to contact me by phone before relying on this authorization.

I request and authorized medical personnel to provide all reasonably necessary medical care, including but not limited to medical transport, hospital tests such as pathology, radiology, anesthesia, surgery and prescription drugs advisable for the health of my child.

I acknowledge that no representations, warranties, or guarantees as to results or cures will be made.

Legal Guardian (Signature) _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ Cell _____

Date _____ Relation to Student _____

Signature of Adult Witness _____

Emergency Contact if different than above:

Name _____ Phone _____