

Valley Evangelical Free Church

Medical Information Sheet

Parents, please complete this form. If you need additional space, please use the back of this sheet.

Student's Name _____

A. Names and phone numbers of persons to contact in case of a medical need:

1. _____
Name Home Phone Work Phone

2. _____
Name Home Phone Work Phone

B. Health Insurance Information:

_____ Insurance Company Name Policy # _____

C. Family Doctor _____ Phone # _____

Office Address _____

D. Date of Birth _____ Approximate Date of last Tetanus Shot _____

E. Has your child had any contagious diseases? yes _____ no _____

If yes, what? _____

F. Please list any known allergies or medical problems: _____

G. List any medications your child is taking at present, the reason, and the dosage & frequency:

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### Emergency Medical Release

For all minors: In case of a medical emergency, I hereby give my permission to the physician selected by the Camp Administration/Youth Pastor to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my son/daughter, as named below. It is understood that every effort will be made to contact me.

Minor's name \_\_\_\_\_

Parent's Signature \_\_\_\_\_