

Westminster Chapel
Medical History/Release Form

***NOTE: WE WILL NOT ALLOW MINORS TO PARTICIPATE IN ANY ACTIVITIES WITHOUT THIS FORM COMPLETED & SIGNED, ALONG WITH A COPY (BOTH SIDES) OF YOUR INSURANCE CARD.**

Full Name: _____ (include middle name) Birth date: _____

School: _____ Age: _____ Current Grade: _____ Male Female

Names of Parents or Legal Guardians: (Father:) _____ (Mother:) _____

Address: _____ City _____ Zip _____

Home Phone: _____ Father's Work/Cell: _____ Mother's Work/Cell: _____

E-Mail Address _____

Emergency contact name (other than parent): _____ Relation to child: _____

Address: _____ Phone: _____

Doctor's name: _____ Address: _____

My son/daughter has had a physical within the last two (2) years: Yes No Phone: _____

Operations or serious injuries: _____

Indicate if your son/daughter has been immunized against the following (include dates if possible):

Childhood immunizations up to date (DPT yes _____ no / Polio yes _____ no / HIB yes _____ no / MMR yes _____ no)

If no, please explain: _____

Date of last tetanus booster: _____ **Name and dosage of any medication that must be taken (indicate frequency):** _____

Permission for camp nurse, counselor, or other adult staff to give Tylenol or Advil: Yes No

If the participant has had in the past, or now has, any of the following diseases or health problems, please check the appropriate line. FAILURE to check a line is an affirmation that he/she has not had, or presently does not have, that particular problem or disease.

___ Convulsions/ high temperature	___ Diabetes	___ Food or environment allergy (_____)
___ Epilepsy or similar disease	___ Heart condition	___ Medication allergies (_____)
___ Nose bleeding sensitivity	___ High temperature when ill	___ Bee sting allergy
___ Stomach upsets	___ Fainting	___ Other medical condition (specify below)
___ Hypoglycemia	___ Emotional/Learning difficulties	___ Asthma or respiratory problems

Physical conditions/symptoms that need special attention: _____

List any activity restrictions (including swimming, etc.): _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (BOTH SIDES) TO THIS FORM. IN A MEDICAL EMERGENCY, WITHOUT A PARENT PRESENT, THE INSURANCE CARD IS A MUST FOR YOUR CHILD TO RECEIVE CARE.

Insurance Company: _____ **Holder of the insurance:** _____

Policy #: _____ **Insured's ID #:** _____

***Medical Release:** The undersigned hereby consents to the administration of any and all medical, dental and surgical examinations or operations and treatment of all other related care, including the administration of drugs, tests, injections, anesthesia and/or blood transfusions to the above named minor that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of the medical report(s) to any doctor or agency for the admission of the above named minor to the hospital.*

PARENT OR LEGAL GUARDIAN'S SIGNATURE **Month/Day/Year**

***Photo Release:** I hereby give my permission for the staff of Westminster Chapel to use my child's picture for fliers, videos, and the Westminster Chapel Student Ministries website. I understand that the photos to be used for these purposes will be chosen tastefully and without intent to hurt or embarrass my child.*

PARENT OR LEGAL GUARDIAN'S SIGNATURE **Month/Day/Year**

