

City Heights United Methodist Youth Medical Form

1002 Fayetteville Road, Van Buren, AR 72956

Child's Name: _____

Guardian's Name _____

Address _____

Home or Cell Phone _____ Work Phone _____

Insurance Company _____

Policy Number _____

Name, relationship, & phone number of another adult to call in case of emergency.

Name _____ Phone _____

I, _____, the parent or guardian of the above mentioned youth, give my consent to City Heights United Methodist to obtain any reasonable medical treatment or emergency medical care as deemed necessary by a licensed physician. I agree to pay for any treatment or medicines that my child receives.

By signing this statement, I agree to pay for any costs incurred by the youth being sent home for disciplinary reasons.

Parent or Guardian's Signature

Date

This form valid from June 1, 2009 to June 1, 2010. Please notify the church of any changes so that the best care maybe provided to your child.

Youth Medical History Form for City Heights UMC

*Please do not leave any blanks - you may place a N/A or none if the question does not apply to your child.

Name _____

Birth Date _____

Current Medications Taken _____

(Please inform the camp director of any medication brought to camp by youth. An adult from your church will be asked to dispense as prescribed.)

Allergies _____

Surgeries & Date of Surgery _____

Complications of Surgery _____

Date of Last Tetanus Shot _____

Name/Phone number of family physician _____

Write yes or no on each of the following. If yes, then explain...

_____ Seizure Disorder	Explain _____
_____ Diabetes	“ _____
_____ Heart Disease	“ _____
_____ Lung Disease	“ _____
_____ Kidney Disease	“ _____
_____ Liver Disease	“ _____
_____ Bleeding Disorder	“ _____
_____ Ulcers	“ _____
_____ Wears Contacts	“ _____
_____ Wears Glasses	“ _____
_____ Hearing Problems	“ _____
_____ Asthma	“ _____
_____ Color Blind	“ _____
_____ Other	“ _____

Parent or Guardian Signature

Date