

# Praise Assembly Emergency Medical Form

**Instructions: Please complete a copy of this form for each individual registering.**

Full Name \_\_\_\_\_ Father/Guardian \_\_\_\_\_  
 Birthday \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Cell Phone ( ) \_\_\_-\_\_\_\_ Work Phone ( ) \_\_\_-\_\_\_\_  
 Address \_\_\_\_\_ Mother/Guardian \_\_\_\_\_  
 City,St,Zip \_\_\_\_\_ Cell Phone ( ) \_\_\_-\_\_\_\_ Work Phone ( ) \_\_\_-\_\_\_\_  
 Phone Numbers( ) \_\_\_-\_\_\_\_ ( ) \_\_\_-\_\_\_\_  
 1) Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( ) \_\_\_-\_\_\_\_  
 2) Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( ) \_\_\_-\_\_\_\_

**HEALTH HISTORY** Check either Yes or No. If Yes is checked please explain under "Remarks and Medical Facts".

Sinus Condition <input type="radio"/> YES <input type="radio"/> NO	Shortness of Breath <input type="radio"/> YES <input type="radio"/> NO	Exposed to Infections: Disease past 3 weeks <input type="radio"/> YES <input type="radio"/> NO
Ear Problem <input type="radio"/> YES <input type="radio"/> NO	Skin Infection <input type="radio"/> YES <input type="radio"/> NO	Hepatitis past 6 months <input type="radio"/> YES <input type="radio"/> NO
Lung Problem <input type="radio"/> YES <input type="radio"/> NO	Hearing Difficulty <input type="radio"/> YES <input type="radio"/> NO	Any disorder preventing strenuous activity? <input type="radio"/> YES <input type="radio"/> NO
Heart Trouble <input type="radio"/> YES <input type="radio"/> NO	Bad Eyesight <input type="radio"/> YES <input type="radio"/> NO	Taking prescription medicine? <input type="radio"/> YES <input type="radio"/> NO
High Blood Pressure <input type="radio"/> YES <input type="radio"/> NO	Wear Contact Lenses <input type="radio"/> YES <input type="radio"/> NO	Any Reaction to drugs or medicine of any type? <input type="radio"/> YES <input type="radio"/> NO
Allergy-Asthma <input type="radio"/> YES <input type="radio"/> NO	Any Medical Care within Past Year? <input type="radio"/> YES <input type="radio"/> NO	Nervous or upset easily <input type="radio"/> YES <input type="radio"/> NO
Fainting or Dizzy Spells <input type="radio"/> YES <input type="radio"/> NO	Any Surgeries within Past Year? <input type="radio"/> YES <input type="radio"/> NO	Sleep Walker? <input type="radio"/> YES <input type="radio"/> NO
Diabetes <input type="radio"/> YES <input type="radio"/> NO	Special Diet Required? <input type="radio"/> YES <input type="radio"/> NO	
Appendix Removed <input type="radio"/> YES <input type="radio"/> NO		

Drug Allergies \_\_\_\_\_ Last Tetanus Shot \_\_\_/\_\_\_/\_\_\_  
 Currently taking the following medications \_\_\_\_\_ Swimming Level (Please Circle):  
 Non Swimmer, Beginner, Intermediate, Advanced  
 Plant, Insect or Animal Allergies? \_\_\_\_\_  
**Doctor and Insurance Info**  
 Remarks and Medical Facts: \_\_\_\_\_ Doctor's Name & Phone ( ) \_\_\_-\_\_\_\_  
 \_\_\_\_\_ Insurance Company & Phone ( ) \_\_\_-\_\_\_\_  
 \_\_\_\_\_ Policy and/or Group Number  
 \_\_\_\_\_ Subscriber's Name & Relationship  
 Food Allergies or Special Diet? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Additional Remarks: \_\_\_\_\_

## PARENTAL CONSENT/MEDICAL TREATMENT AUTHORIZATION

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Praise Assembly.

\_\_\_\_\_  
 Parent s or Legal Guardian s      Signature      Date