

# MPPC Medical Form

Date: \_\_\_\_\_

## Child/Youth and Parent(s) Information

Child/Youth's Name \_\_\_\_\_ Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Home phone # \_\_\_\_\_ Mother/Father Work \_\_\_\_\_

Mother/Father Cell \_\_\_\_\_ Other Emergency Contact Name / Number \_\_\_\_\_

## Medical Information

Family Doctor/Practice \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Are contact lenses worn? \_\_\_\_\_ In case of minor physical discomfort, list the medicine(s) and dosage amounts that can be administered. \_\_\_\_\_

Chronic or existing diseases or medical problems (diabetes, epilepsy, etc.)  
\_\_\_\_\_

List prescription and non-prescription medications (include dosage) that are currently being taken.  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments to help us better understand your child/youth's health needs.  
\_\_\_\_\_  
\_\_\_\_\_

## Insurance Information

Carrier/Provider \_\_\_\_\_ Phone \_\_\_\_\_

Member's Name \_\_\_\_\_ Member's ID Number \_\_\_\_\_

Group Policy Number \_\_\_\_\_ Extra Info on Card that may be helpful \_\_\_\_\_

## Parent/Guardian Consent for Emergency Medical Treatment

I, (we) \_\_\_\_\_ (name) and \_\_\_\_\_ (name) state that I (we) am (are) the parent(s) or legal guardian(s) of \_\_\_\_\_ (child/youth). In the event that it is necessary to administer medical treatment to the above named child/youth while he/she is participating in an activity sponsored by MPPC, the undersigned hereby grants permission for whatever medical care is necessary in the judgment of a licensed medical doctor. See notarized Trip Permission Form. Should medical intervention be required, every attempt will be made to contact the undersigned.

I (we) acknowledge that Myers Park Presbyterian Church, establishes standards of conduct and supervision of community life to provide for the safety and well-being of all participants in MPPC sponsored events. If a participant chooses to act outside of these standards of conduct MPPC cannot assume legal responsibility to provide for the safety, care, conduct, or discipline of the child/youth or other participants in connections with such activities regardless of whether these activities are or are not officially sponsored by MPPC. I (we) understand should the child/youth behave in a manner deemed inappropriate, he/she will be sent home at the undersigned's expense.

**Parent/Guardian Signature(s)** \_\_\_\_\_