

GHC Emergency Medical Form

One student per form!

Student's Full Name _____

Age _____ Birthday _____ Grade _____

Parents' Names _____

Address _____

Home phone _____ Mom's Cell _____

Dad's work phone _____ Dad's cell _____

Emergency Contact Information in addition to parents

1.) Name _____ Relationship to student _____

Home phone _____ cell phone _____

2.) Name _____ Relationship to student _____

Home phone _____ cell phone _____

Drug allergies Y or N if yes, please list _____

Food allergies Y or N if yes, please list _____

Current medications: _____

Other remarks and medical facts: _____

Pediatrician's name _____ Number _____

Insurance Co _____ Phone _____

Policy ID _____ Group Number _____

Full Name of Policy Holder _____ Birthdate _____

With this instrument, I do hereby give direct authority to Grace Church of Fredericksburg to grant medical treatment. This treatment includes, but is not limited to: emergency, pharmaceutical, surgical. I do hereby take full responsibility for all costs and obligations rendered to our child.

I do affirm the above child is covered by medical insurance at all times.

Signature _____ Date _____

I do affirm the above child is NOT covered by medical insurance and do hereby take full responsibility for all costs and obligations rendered to our child.

Signature _____ Date _____