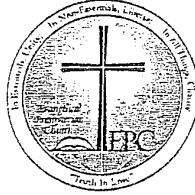


Participant Insurance & Medical Background Form Evangelical Presbyterian Church



General Information

Name of Participant: _____ Date of Birth: _____
Address: _____ Age: _____
City/Town: _____ State: _____ Zip: _____
Phone Number: _____ Sex: _____ Height: _____
Weight: _____ Social Security Number: _____

Emergency Contact Person

Parent/Guardian Name: _____
Address (if different from above): _____
City/Town: _____ State: _____ Zip: _____
Home Phone: _____ Mobile: _____
Work Phone: _____ Other: _____

Alternate Contact Person

Name: _____
Relationship to Participant: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Other: _____

Insurance

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is en route to/from or at the trip/event.

Do you have health insurance? Yes No

Name of Insurance Company: _____
 Policy Number: _____
 Group Number: _____
 In whose name is the insurance? _____
 Family Doctor: _____ City, Town: _____
 Doctor's Phone Number: _____

If the participant should require medical attention for injuries received or illnesses contracted prior to the trip/event, please give the participant's church leaders the necessary information to give him/her proper medical care during the trip.

Health History

Participant's Name _____ Church Name _____

Below, describe in detail the nature and severity of any pre-existing or present medical conditions (such as physical or psychological ailments, illness, allergies, disabilities, or any other condition of which the church staff should be aware):

Below, list any medications and dosages that your student takes:

Name of Medication(s)	Dosage(s)
_____	_____
_____	_____
_____	_____

Any allergies to medication? No Yes: _____

Date of Last Tetanus Shot: _____ Contact Lenses? _____

Any swimming restrictions? _____ If yes, explain: _____

Parents & Guardians: *please complete this form and give it to your child's youth group leader. This form will be kept on file during the trip/event for use in the event of accident, injury or illness. At the conclusion of the trip/event, this form will either be returned to you or shredded.*