

Praise Assembly Mpack - TGM Medical Form

All information on this form is Private & shall remain Confidential

Full Name _____ Birthday _____ Grade _____

Address _____ Father/Guardian _____

City, St, Zip _____ Cell Phone () _____ - _____ Work Phone () _____ - _____

Phone Numbers () _____ - _____ () _____ - _____ Email Address _____

1) Emergency Contact _____
 Relation _____ Phone () _____ - _____ Mother/Guardian _____

2) Emergency Contact _____
 Relation _____ Phone () _____ - _____ Cell Phone () _____ - _____ Work Phone () _____ - _____

Email Address _____

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 Eye Glasses <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 | Wear Contact Lenses <input type="radio"/> YES <input type="radio"/> NO | Get nervous or upset easily? Homesick? <input type="radio"/> YES <input type="radio"/> NO |
| Fainting or Dizzy Spells <input type="radio"/> YES <input type="radio"/> NO | Any Medical Care 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 | Any Surgeries within Past Year? <input type="radio"/> YES <input type="radio"/> NO | |
| Appendix Removed <input type="radio"/> YES <input type="radio"/> NO | Special Diet Required? <input type="radio"/> YES <input type="radio"/> NO | |
| Dental Appliances <input type="radio"/> YES <input type="radio"/> NO | | |

Drug Allergies: _____ Last Tetanus Shot ____/____/____

Current Medications: _____ Swimming Level (Please Circle):
 Non Swimmer, Beginner, Intermediate, Advanced

Plant, Insect or Animal Allergies: _____

Remarks and Medical Facts: _____

Food Allergies or Special Diet: _____

Doctor and Insurance Info

_____ () _____ - _____
 Doctor's Name & Phone

_____ () _____ - _____
 Insurance Company & Phone

_____ Policy ID# and Group Number

_____ Subscriber's Name & Relationship

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. The undersigned agrees this authorization will remain in effect until January 31, 2014.

 Parent or Legal Guardian (Signature) _____
 Date