

MEDICAL INFORMATION FORM FOR CHILDREN
Highland Presbyterian Church, Winston-Salem, NC

Does your child have FOOD		
ALLERGIES?	Yes	NO
_____	_____	_____
_____	_____	_____

Child's Name: _____ Age: _____ Grade: _____

Home Address, City, State, Zip: _____

Home Phone Number: _____

(1) Parent/Guardian Name: _____

Cell Phone #: _____ Other phone: _____

(2) Parent/Guardian Name: _____

Cell Phone #: _____ Other phone: _____

Person to contact in case of emergency when parents or guardians cannot be reached:

Name: _____ Relationship: _____

Home Phone Number: _____ Cell Phone #: _____

Participant's known allergies (including medicine or food): _____

Dietary Restrictions: _____

Participant has the following medical concerns of which Highland leadership should be aware for purposes of the planned activity (motion sickness, diabetes, seizure disorders, etc.): _____

Date of participant's last tetanus shot: _____

Name of primary care physician: _____

Physician's Phone Number: _____

Physician's Address, City, State, Zip: _____

Health Insurance Plan: _____

Policy #: _____

Please attach a copy of both the front and back of insurance card or send to hferguson@highlandpres.org

Child's Name _____

I give my permission for the above-named child to participate in the activities of Highland Presbyterian Church Children's Ministry programs and activities.

I hereby release and hold harmless Highland Presbyterian Church of Winston-Salem, North Carolina, the staff, volunteers, and leaders **from all responsibility and liability for any claims for injury, illness, death, or other harm that the child named above may sustain** during this vacation church school program. In the event of an emergency, I hereby authorize any adult leader of this program, as agent for me, to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate). I expect to be contacted as soon as possible if there are any problems, medical or behavioral, with my child during this activity.

Parent's Signature: _____ Date: _____

Occasionally, teachers or staff take pictures of the children in their classes. Sometimes the church likes to use those pictures on the church website or other publicity. Please indicate your preference below. I give permission for my child's picture to be used in the following ways (circle all that apply):

Church Bulletin Boards Highland's Website Highland's Facebook page Highlights

For all children:

The following people are authorized to pick up my child:

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Parent's Signature: _____ Date: _____

Any additional notes: _____

Return this form to: Heather Ferguson, hferguson@highlandpres.org

2380 Cloverdale Avenue, Winston-Salem, NC 27103