Youth Health and Authorization Form:

First Presbyterian Church of Irwin

Name_____ Age_____ Birth Date_____

Address_____ City_____ State_____

Zip Code_____ Phone_____ School_____

Physician's Name:_____

Address_____

City_____ State_____ Zip_____ Phone #_____

Medical Insurance Information

Hospital Insurance Yes____ No____

Name of Policy Holder_____

Insurance Company_____ Policy Number_____

To Whom It May Concern:

The undersigned does hereby give permission for my(our) child,_____, to attend and participate in the activities sponsored by the Youth Fellowship of the First Presbyterian Church of Irwin.

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 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 the Youth Fellowship of the First Presbyterian Church of Irwin.

Consent for Release of Information and Authorization For Treatment

Youth's Name_____

Guardian's Signature_____Date_____

(Turn Over for Medical Information)

Medical History Information

Medical history, pre-existing or present medical conditions, etc. _____
_____

Name and dosage of any medications currently being taken_____
_____

Are you subject to: (Check if yes)

__Hay Fever	__Diabetes	__Do you take Insulin
__Insect Stings	__Heart trouble	__Ear trouble
__Asthma	__Epilepsy/Nervous Disorders	__Poison Ivy
__Sinus trouble	__Frequent Stomach Upsets	__Any major illnesses recently

__Allergies to insect bites, foods, medications, or other things

Please list the items and your reactions: _____
_____
_____

Any other significant disease, injury, or operation?_____
_____

Are you nervous or upset easily? (explain) _____
_____

Any activity restriction for medical reasons?_____
_____

Date of Last Tetanus Shot_____ Contact Lenses?_____

Any Swimming restrictions? Yes_____ No_____

Emergency Contact Person:
Parent/Guardian Name_____

Address (if different from student)_____

City_____ State_____ Zip_____

Phone Number: Home (____)_____ Work (____)_____