

Meridian Assembly Ministries Medical Information Form—2012



Parent/Guardian Contact Information

Phone _____
Home Work

Phone _____
Cell Other Alternate

Home Address (physical & mailing)

City State Zip Code

Emergency Medical Information

Child	_____	_____
	Name	Date of Birth
Father	_____	_____
	Name	Occupation
Mother	_____	_____
	Name	Occupation
Child's Doctor	_____	_____
	Name	City of Practice
Health Insurance	_____	_____
	Carrier	Policy Number

Allergies _____

Health Issues/Concerns _____

Current Medication(s) child is taking _____

Medical Release

In the event that my child becomes ill or sustains an injury while in the care of Meridian Assembly, I wish to be contacted promptly. If I am unavailable, I give permission to those in charge of my child to take whatever steps necessary to administer emergency first-aid. I further give my permission and authorize my child to receive emergency medical/surgical care as deemed necessary by any duly licensed physician/practitioner, to administer treatment required for the relief of pain and preserve his/her life and health.

Name: _____ Signature: _____ Date: _____
Print name Date