Meridian Assembly Ministries
Medical Information Form

Parent/Guardian Contact Information

Phone _____ _____
Best **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 of God, 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:** _____ _____
Print name **Date**