

HEATH CARE INFORMATION

Date of Last Tetanus Shot: _____

Name of Dentist/Orthodontist: _____ Phone: _____

Name of Family Physician: _____ Phone: _____

Do you carry family medical/hospital insurance? (Yes – No)

If so, indicate Carrier: _____

Policy/Group Number: _____

Is your child currently under the care of a physician? (Yes – No)

If yes, who is your child's physician: _____ Phone: _____

Does your child have allergies to medication, food, plants, insects, etc.?

If so, please list.

Please list prescribed medications your child will have in his/her possessions?

(This information is helpful to emergency/ambulance personnel.)

Please list additional health information (surgery or serious injuries, chronic or recurring illness/medical condition such as epilepsy, diabetes, heart disease, etc.) that would be helpful for an attending physician to know in case of an emergency:

RESTRICTON

WHILE AT THE ILLINOIS CONFERENCE YOUTH INITIATIVE SPRING

RETREAT

Pilgrim Park, Princeton, IL; Friday 12 March through Sunday 14 March 2010

Please Note: If you think your child will need such over-the-counter medications as Advil, Tylenol, aspirin, cold medication, etc., please make sure she/he packs it along for this event. The Illinois Conference or your child's chaperone/pastor cannot administer such medications so as to remove all liability in case such medication interacts with other things your child may have taken.

(Parent/Legal Guardian) I understand this notation:

Name: _____ Date: _____