

John Wesley UMC Youth Ministry  
Individual Medical Form (for September 2011-August 2012)  
PLEASE FILL OUT ALL LINES:

**Youth Information**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Soc.Sec.#: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**In case of emergency notify**

1<sup>st</sup> Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
2nd Contact: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_  
Billing Address: \_\_\_\_\_

**Medical History**

**(Attach any explanation on a separate sheet)**

___ Epilepsy	___ Kidney Trouble	___ Hay Fever
___ Asthma	___ Heart Trouble	___ Stomach Upsets
___ Sinusitis	___ Headaches	___ Dizziness
___ Bronchitis	___ Diabetes	

Other: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_  
Current Medications (include dosage/time): \_\_\_\_\_

**Allergies:**

Food: \_\_\_\_\_  
Penicillin or Other Drugs: \_\_\_\_\_  
Insect Stings/Bites: \_\_\_\_\_  
Poison Sumac, Oak, or Ivy: \_\_\_\_\_  
Other: \_\_\_\_\_  
Current Medications (include dosage/time): \_\_\_\_\_  
My child may / may not be given Tylenol: \_\_\_\_\_

**Childhood Diseases:**

\_\_\_ Chickenpox      \_\_\_ Measles      \_\_\_ Mumps      \_\_\_ Whooping Cough  
Other: \_\_\_\_\_

Any known reasons for restricted activity: \_\_\_\_\_  
\_\_\_\_\_

Previous operations or serious illnesses (give details): \_\_\_\_\_  
\_\_\_\_\_

## ACTIVITIES PERMISSION SLIP

Being advised of the nature and extent of John Wesley UMC Youth Activities, I certify that \_\_\_\_\_ is physically and mentally capable of participating and that he / she has my permission to travel to and attend any scheduled events of the John Wesley UMC Youth Ministry. This permission slip and medical form is in effect from the date signed below until the 31<sup>st</sup> of August 2012.

In the event of sickness or injury at church sponsored activities or in transit, I grant permission for a John Wesley UMC Staff member or chaperone in charge to obtain necessary emergency medical attention for

\_\_\_\_\_.

Should there be any change of information during the time this medical form is in effect, or if the need should arise to provide additional information, I promise to update this form.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian