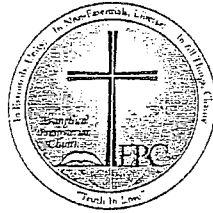


# Participant Insurance & Medical Background Form Evangelical Presbyterian Church



## General Information

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_  
Weight: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Emergency Contact Person

Parent/Guardian Name: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

## Alternate Contact Person

Name: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

## Insurance

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is en route to/from or at the trip/event.

Do you have health insurance?  Yes  No

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor: \_\_\_\_\_ City, Town: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

*If the participant should require medical attention for injuries received or illnesses contracted prior to the trip/event, please give the participant's church leaders the necessary information to give him/her proper medical care during the trip.*

**Health History**

Participant's Name \_\_\_\_\_ Church Name \_\_\_\_\_

Below, describe in detail the nature and severity of any pre-existing or present medical conditions (such as physical or psychological ailments, illness, allergies, disabilities, or any other condition of which the church staff should be aware):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Below, list any medications and dosages that your student takes:

Name of Medication(s)	Dosage(s)
_____	_____
_____	_____
_____	_____

Any allergies to medication?  No  Yes: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**Parents & Guardians:** *please complete this form and give it to your child's youth group leader. This form will be kept on file during the trip/event for use in the event of accident, injury or illness. At the conclusion of the trip/event, this form will either be returned to you or shredded.*