

# Medicine Form

For Church Use Only

Participant Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Participant Age: \_\_\_\_\_ Participant Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

## Emergency Contact Information:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_

Parent/Guardian Work Phone Number: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Cell Phone Number: \_\_\_\_\_

Parent/Guardian Work Phone Number: \_\_\_\_\_

## Medical Profile

In general, participant's health is: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Explain: \_\_\_\_\_

Current medical needs being treated for: \_\_\_\_\_

Please note any medical history to be aware of: \_\_\_\_\_

Medication(s) that this Participant Currently Takes/Needs: \_\_\_\_\_

Instructions on administering medication(s): \_\_\_\_\_

Any allergies: \_\_\_\_\_

Special Diet needs to be aware of: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

*I authorize \_\_\_\_\_ Church staff to give my child the medication(s) indicated above.*

Signature of Parent/Guardian: \_\_\_\_\_