

MEDICAL HISTORY FORM

All youth, youth directors, advisors, and all adults attending events must fill in this form.

Name (last, first): _____
Date of Birth: _____ Age: _____ Grade (Fall 2017): _____
Address: _____
City: _____ State: _____ Zip: _____
Mother's Name _____ Mobile #: _____
Father's Name _____ Mobile #: _____

Physician's Name _____ Tel#: _____
Dentist's Name _____ Tel#: _____
Hospital of Choice: _____ Tel#: _____
Any medical problems? _____
Is your child taking either prescription or over-the counter medication on a regular basis? Yes/ No
Name of drug/ dose/ time of day it is taken _____
Does child have any allergies? Yes / No
If yes, list all allergies: _____
Type of Reaction (be specific): _____
Comments: _____
List names and telephone numbers of two persons to contact if your child is ill or injured. In the event that the parent or guardian cannot be contacted, these persons may have to make a medical decision.
1. Name _____ Relationship _____ phone _____
2. Name _____ Relationship _____ phone _____

EMERGENCY MEDICAL TREATMENT

I the undersigned agree(s) that in the event that I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she participates in this retreat, you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of your and the doctor's actions relating to my child's illness/injury, and I assume and agree to pay for any professional medical services and other fees/costs incurred.

RELEASE OF LIABILITY

The undersigned agree(s) that _____ Greek Orthodox Church shall have no liability for any claims for losses, damages, costs, or expenses incurred or arising directly or indirectly from any acts or events which may occur during Beach Reach Youth Retreat.

Parent/Guardian Signature: _____ Date _____
Permission for emergency medical treatment will be effective throughout the youth's enrollment. If there is any change of information, please contact either the clergy or advisors.

Name of Insured: _____
Insurance Company _____
Group Identification # : _____ Member # _____
Telephone # _____
Attached is a copy (front and back) of the Insurance Card of the Insured—stapled to this form