

Emergency Medical Form

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Cell Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell \_\_\_\_\_ Work \_\_\_\_\_

Medical History

	Yes	No
1. Has student ever been hospitalized, had surgery, or any serious medical illnesses?	___	___
2. Is the student presently under care of a physician?	___	___
3. Does the student have any allergies?	___	___
4. Does the student wear glasses, contacts or prosthesis?	___	___
5. Is there any history of diabetes, severe allergies, epilepsy, Cardio-vascular diseases, malignancy, etc. in the family?	___	___

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE SPECIFY OR COMMENT ON ANYTHING THAT MIGHT BE PERTINENT TO PRESENT CARE TO YOUR CHILD.

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

Please list current medications being taken \_\_\_\_\_

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

Medication Instructions \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD WITH THIS FORM.**

OVER

This health history is correct as far as I know, and the person herein described has permission to engage in all tour program activities.

AUTHORIZATION OF TREATMENT: I hereby give permission to the medical personnel selected by WHIP to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide to arrange necessary related transportation for my child.

I give permission for the above named child to participate in all activities and events on this trip. I understand there are unforeseeable hazards in any activity and accept all responsibility for any injuries incurred or inflicted upon my child. I release and hold harmless WHIP and any of its authorized personnel involved in any way with this trip in which my child is participating. I agree that except in the event of willful neglect or willful injury inflicted by WHIP staff or volunteers, I will bring no claims, demands or litigation against any of the above, for any economic or non-economic loss due to bodily injury, death or property damage as sustained or caused by my child arising from or in relation to participation in this trip.

Signature or Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_