Macedonia Baptist Church of Edith, Inc.
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Individual Medical Form

(PLEASE ANSWER **ALL** QUESTIONS ON BOTH SIDES)

Youth/Child Information

Name: ________________________________ Birthday: ____________________________

Social Security Number: _____ - _____ - _____ Phone: (_____) _____-_________________

Cell Phone: (_____) _____-________________

Physical Street Address: ____

City: ________________________ State: ___________________________ Zip Code: _________

Emergency Contact

Primary Contact

Name: _________________________________ Phone: (_____) _____-_________________

Secondary Contact

Name: _________________________________ Phone: (_____) _____-_________________

Medical Information

Physician: _____________________________ Phone: (_____) _____-_________________

Medical Insurance

Provider: ____

Policy #: ____

Billing Address: ____

Medical History (Attach any explanation on a separate sheet of paper attached to this form)

___Epilepsy ___Kidney Trouble ___Hay Fever

___Asthma ___Heart Trouble ___Stomach Issues

___Sinusitis ___Headaches/Migraines ___Dizziness

___Bronchitis ___Motion/Car Sickness ___Diabetes

Other: ____

Date of last tetanus shot: ____

Current Medication(s)

	Name	Dosage	Reason
1			
2			
3			
4			
5			

(*List Additional Medications, Dosage, and Reason on a Separate Page and Attach*)

Allergies

Food: ____

____

Drug: ____

____

Insect: ____

____

Poison Sumac, Oak, and/or Ivy: ____

My child may be given Tylenol or Aspirin: YES / NO

Childhood Disease(s)

___Chickenpox ___Measles ___Mumps ___Whooping Cough

Other:

____

Any known reason(s) for restricted activity: ________________________________

____

____

Previous operations or serious illnesses (give details): ___________________________

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