MEDICAL INFORMATION FORM – Safe Church Program

"protecting our children"

Name of child:_____

Address:_____

Home telephone:_____

Alternate telephone: _____

Date of Birth: _____

Allergies: _____

Describe any medical condition that the leader should be aware of: _____

_____

Does your child take any prescription medication? please describe_____

_____

Health card number: _____

Family physician's name and phone number: _____

Alternate person in case you cannot be reached:_____

Phone number: _____(of alternate person)

Parent(s) name: _____

Parent(s) signature:._____