## 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:	* ' 

medicalformsafechurch.RTF

6/14/2007

"The Safe Church Team provides this document as a resource guide only and assumes no responsibility for use or modifications."