

Today's Date \_\_\_/\_\_\_/\_\_\_

**SUMC 2009-2010 HEALTH FORM**

**This health form** shall be good for the entire 2009-2010 school year. Once you have filled it out, please return it to the church.

**I understand that** Southport United Methodist and its student ministry staff are committed to providing safe, fun and educational activities. All SUMC activities are conducted in a smoke-, alcohol- and drug-free environment. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol or tobacco products, engages in any illegal conduct, or refuses to follow the directions of SUMC staff or ministers while participating in this activity, I will be telephoned to immediately pick up my child.

**In the event of a medical emergency,** I declare that I am the child's parent or legal guardian and hereby authorize the SUMC student ministry's staff, as agents for me, to consent to X- ray exams, and other medical, dental, or surgical diagnosis and treatment, advised and supervised by a physician, surgeon or dentist. This authorization extends to any emergency room treatment, and admission and treatment as an inpatient, considered necessary by the attending physician. I understand that, in the event of such an emergency, I will be contacted as soon as possible.

**Child's Name:** \_\_\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Grade** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street / P.O. Box City State Zip

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent's Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**If I am unreachable in an emergency, contact:** \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_

**Emergency Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name of Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Date of last tetanus immunization** \_\_\_/\_\_\_/\_\_\_ **Has he/she previously had penicillin?** \_\_\_\_

**List any medication to which he/she is allergic:** \_\_\_\_\_

\_\_\_\_\_

**List any current medical problem or medicine:** \_\_\_\_\_

\_\_\_\_\_

**\* If any of this information changes during the year, you must fill out another health form, write "UPDATED" in the top left corner, and return it to SUMC.**