



REGISTRATION AND MEDICAL CONSENT FORM - MINORS

Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Date(s) of Event: _____ Birth Date: _____ Gender: _____

EMERGENCY NOTIFICATION:

ALTERNATE CONTACT:

Name: _____ Name: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____

HEALTH HISTORY

Allergies

- ___ Drugs
___ Asthma
___ Hay Fever
___ Insect Stings
___ Other

- ___ Diabetes
___ Cardiac
___ Chronic Asthma
___ Nervous Disorder
___ Epilepsy
___ Physical Handicap

- ___ Emotional Handicap
___ Mental Handicap
___ Seizure Disorder
___ Other
Date of last Tetanus Shot: _____

If you checked any of the above, please give details: _____

Activity Restrictions: _____

Insurance Carrier: _____ Policy Number: _____

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by Trinity Bible Church to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.

Use the following space for any explanations: _____

Signature of Parent/Guardian _____ Date: _____

For Office Use Only

Date Received: _____ Check #: _____ Amount: _____ Grade Level: _____