

Full Gospel Tabernacle Medical Form

Instructions: Please complete a copy of this form for each individual registering.

Full Name: _____ Father/Guardian: _____
 Birthday: ___/___/___ Grade: _____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____
 Address: _____ Mother/Guardian: _____
 City: _____ State: _____ Zip: _____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____
 Phone Numbers: (____) ____ - ____ (____) ____ - ____
 Emergency Contact 1: _____ Relation: _____ Phone: (____) ____ - ____
 Emergency Contact 2: _____ Relation: _____ Phone: (____) ____ - ____

HEALTH HISTORY: Check either YES or NO. If YES is checked please explain under "Remarks and Medical Facts."

Sinus Condition <input type="checkbox"/> YES <input type="checkbox"/> NO	Shortness of Breath <input type="checkbox"/> YES <input type="checkbox"/> NO	Exposed to Infections: Disease past 3 weeks <input type="checkbox"/> YES <input type="checkbox"/> NO
Ear Problems <input type="checkbox"/> YES <input type="checkbox"/> NO	Skin Infection <input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis past 6 months <input type="checkbox"/> YES <input type="checkbox"/> NO
Lung Problems <input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Difficulties <input type="checkbox"/> YES <input type="checkbox"/> NO	Any disorder preventing strenuous activity <input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Trouble <input type="checkbox"/> YES <input type="checkbox"/> NO	Bad Eyesight <input type="checkbox"/> YES <input type="checkbox"/> NO	Taking prescription medication? <input type="checkbox"/> YES <input type="checkbox"/> NO
High Blood Pressure <input type="checkbox"/> YES <input type="checkbox"/> NO	Wear Contact Lenses <input type="checkbox"/> YES <input type="checkbox"/> NO	Any reaction to drugs or medicine of any type? <input type="checkbox"/> YES <input type="checkbox"/> NO
Allergy -Asthma <input type="checkbox"/> YES <input type="checkbox"/> NO	Any medical care within past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Nervous or upset easily <input type="checkbox"/> YES <input type="checkbox"/> NO
Fainting or Dizzy Spells <input type="checkbox"/> YES <input type="checkbox"/> NO	Any surgeries within past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Sleepwalker? <input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO	Special diet required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Last Tetanus Shot: ___/___/___
Appendix Removed <input type="checkbox"/> YES <input type="checkbox"/> NO		Swimming Level: (Circle One) Non-Swimmer, Beginner, Intermediate, Advanced

Drug Allergies: _____

Currently taking the following medications: _____

Plant, Insect or Animal Allergies? _____

Remarks and Medical Facts: _____

Food Allergies or Special Diet? _____

Additional Remarks: _____

Doctors Name and Phone _____

Insurance Company and Phone _____

Policy and/or Group Number _____

Subscriber's Name and Relationship _____

RELEASE STATEMENT I, (We) the undersigned parent, parents, or legal guardian of the child indicated on this release, a minor, do hereby authorize Full Gospel Tabernacle or any person or agency as the agent of Full Gospel Tabernacle and give my (our) consent for necessary, unexpected or emergency x-ray examination, anesthetic, dental, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of New York Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made by Full Gospel Tabernacle to contact the undersigned immediately to inform them of the child's condition prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. If it is possible and will not cause any deterioration or worsening of undue risk or pain to the child, all surgical proceedings shall be at notice to the parent/guardian. This authorization is given pursuant to the provisions of the Civil Code of New York and shall remain effective from September 1, 2011 - August 31, 2012. This document will be presented to a physician, dentist or appropriate hospital representative at such time as necessary, unexpected or emergency medical or dental health or hospital services are required. In consideration of the benefits to be derived from the aforesaid activity, I (we) hereby voluntarily waive any claim against Full Gospel Tabernacle, its staff or volunteers. Furthermore, by signing this release, I (we) give my (our) consent for my son/daughter to participate in all regularly scheduled Tabernacle Christian Education activities for 2011-2012, including field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with our programs.

Parental Consent, Certification and Medical Authorization: I, the undersigned, being the parent and/or legal guardian of the above named child, agree to the above statement of release and medical authorization and have supplied appropriate medical information. I also give permission for this child to be included in Tabernacle Web site photographs. Further, I do hereby give consent and certify that my child is physically fit and adequately trained to participate in the regularly scheduled events of this Action Night group, except as I have indicated on this form.

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____