

Markham Woods Church
Medical Consent Form

Student's Name _____ Birthday _____ Sex _____
SS# _____ Phone _____ Grade _____
Address _____ City _____ Zip _____
Email _____ Cell Phone _____

Father's Name _____ Phone _____ Cell Phone _____
SS# _____ Medical Ins. _____ Number _____
Employer _____ Phone _____

Mother's Name _____ Phone _____ Cell Phone _____
SS# _____ Medical Ins. _____ Number _____
Employer _____ Phone _____

Family Physician's Name _____ Phone _____
Address _____ City _____ Zip _____

Medical History

Weight _____ Height _____ Last Tetanus Shot _____
Medication Allergies _____
Food Allergies/Requests _____
Other Allergies _____
Current Medications _____
Medical History (i.e. recent surgery, diabetic, chronic illness) _____

Person to notify in case of accident or illness _____
_____ Phone _____

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above mentioned child. Effective from _____ to _____

- _____ Emergency Surgery
- _____ First Aid (One of the types of treatment must be marked.)
- _____ Both of the Above
- _____ None of the Above

Signature of Parent/Guardian _____

Signed before me this _____ day of _____, 2009.

_____ Notary _____
Date of expiration of seal

Seal