

### Health & Surgical Emergency Form

CHILD'S NAME \_\_\_\_\_  
AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ WEIGHT \_\_\_\_\_  
PARENTS-TO-BE NOTIFIED IN CASE OF EMERGENCY  
NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_ )

#### HEALTH FORM (USE BACK OF FORM IF NEEDED)

1. Is there evidence or history of chronic infection of nose, ears, sinus or lungs? \_\_\_\_\_ If so what? \_\_\_\_\_
2. Has there been any recent exposure to contagious disease? \_\_\_\_\_ If so, elaborate \_\_\_\_\_
3. Indicate any recent illness \_\_\_\_\_
4. Is the child subject to fainting? \_\_\_\_\_ Convulsions? \_\_\_\_\_ Sleep walking? \_\_\_\_\_
5. Is the child subject to asthma? \_\_\_\_\_ If so, state recommended medication and dosage \_\_\_\_\_
6. List all allergies to drugs, stings, other sources \_\_\_\_\_
7. Is the student on routine medications? \_\_\_\_\_ Name of drug and dosage \_\_\_\_\_
8. List any diet restrictions \_\_\_\_\_
9. Should any other restrictions be observed? \_\_\_\_\_

10. PHYSICIAN'S NAME \_\_\_\_\_
11. ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_
12. HOSPITALIZATION COMPANY \_\_\_\_\_
13. POLICY NO. \_\_\_\_\_
14. COMPANY ADDRESS \_\_\_\_\_
15. COMPANY PHONE NO. ( ) \_\_\_\_\_ (For authorization)

#### Medical Treatment Authorization

The undersigned, hereby certifies that he/she is the parent and legal guardian of  
Name of child \_\_\_\_\_

I further designate, appoint and authorize Vanderbilt Presbyterian Church Staff as my authorized representative to approve, authorize or direct any medical treatment, including without limitation, surgery and transfusion or Anything/Nothing as may be required as a result of illness or personal injury which may be sustained in my absence. Such authority is expressly limited to medical treatment by licensed physicians, dentists, doctors of oral surgery, medical practitioners and supporting nurses or medical personnel. This medical form MUST be notarized in the event your son/daughter needs medical attention and we cannot reach you. In addition Vanderbilt Presbyterian Church may administer minor first aid for bites scratches, etc. and may give my son/daughter acetaminophen, aspirin, ibuprofen (circle one) for minor complaints such as headache, pain, etc.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNED: \_\_\_\_\_ (Parent/Guardian)

I swear that \_\_\_\_\_ signed this document before me on this date.

Known personally \_\_\_\_\_ I.D. produced (type and form) \_\_\_\_\_

NOTARY \_\_\_\_\_ SEAL: \_\_\_\_\_