

Medical Information Form
(Please complete one form per child)
(Valid from October May 2022 – May 2023)

Child's Name: _____ Age: _____ Grade Last Attended: _____

Date Completed: _____ Parent(s)/Guardian(s) Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Cell Phone Number(s): _____

In case of emergency, notify: _____

Medical Information:

Please list all allergies to food, medication, etc.:

Physician's Name: _____ Phone: _____

Name of current medical insurance company: _____

Policy # _____

HMO (yes or no): _____

Please provide us with any other information you believe we should know about your child:

Lake Gibson Church of the Nazarene request that a new Emergency Contact and Medical Information form be completed ONCE PER YEAR to ensure that emergency contact information remains current. OUR CHURCH MAY, AT THEIR DISCRETION, DECLINE TO ALLOW PARTICIPATION IN CERTAIN CHURCH-SPONSORED ACTIVITIES/TRIPS IF YOU HAVE NOT COMPLETED AND RETURNED THESE FORMS.

Signature of Parent/Guardian

Date