

LEXINGTON PRESBYTERIAN CHURCH
Health & Emergency Form
Please complete for each child.

Child's Name _____ Date of Birth _____ School _____

_____ Grade _____

Child's Address _____

(_____) _____
Home Telephone

Youth E-Mail _____

Mother's Information

Father's Information

Name _____

Name _____

Address _____

Address _____

Home phone: (_____) _____

Home phone: (_____) _____

Work phone: (_____) _____

Work phone: (_____) _____

Parent's E-Mail _____

Contacts

1. _____

(_____) _____

2. _____

(_____) _____

Name

Telephone number

Relation to student

Location (i.e., in church building or otherwise) _____

Medical Information

Physician's Name _____

Health Insurance Company _____

(_____) _____
Physician's Telephone Number

Policy Number _____

Please list any medication child is currently taking:

Please list any allergies, chronic illness, or health problems:

Adult Leaders may / may not administer

_____ Tylenol _____ ibuprofen _____ aspirin as needed.

Signature of Parent or Legal Guardian _____

Date _____