



ANNUAL MEDICAL FORM

— AUGUST 1, 2023 - JULY 31, 2024

PARTICIPANT INFORMATION

Full Legal Name
Please print.

Birthday

Current
Grade

Residential Address

Street Name

City

State

Zip Code

Email Address

Phone
Number

Phone
Carrier

[Verizon, AT&T, etc.]

Social Security
Number

CONTACT INFORMATION FOR PARENT/LEGAL GUARDIAN

Name

Email Address

Phone
Number

FAMILY PHYSICIAN INFORMATION

Name of Practice

Address

Street Name

City

State

Zip Code

Phone
Number

Doctor's
Name

INSURANCE INFORMATION

Insurance Company

Phone
Number

Member's Name

Policy
Number

MEDICAL INFORMATION

Allergies

Current
Medications

Medical Conditions

MEDICAL AND SURGICAL AUTHORIZATION WAIVER

To be read and signed by the Parent/Legal Guardian:

I grant my authorization and consent for Cedar Springs Presbyterian Church, its representatives, the sponsors, or any attending physician, to transport or to perform or authorize any X-ray, anesthetic, blood transfusion, medication, or other medical, dental, or surgical diagnosis, treatment, office or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to provide authority to the temporary guardian in the exercise of their best judgment upon the advice of medical, dental or emergency personnel.

I understand that every attempt will be made to contact me in the event of an emergency. I release, acquit, discharge, and covenant to indemnify and hold harmless Cedar Springs Presbyterian Church, or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks, and dangers, including negligence, damages, liabilities, arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

This authorization is effective commencing August 1, 2023 and ending July 31, 2024.

Signature

Name
Please print.

Date