



MIFFLIN  
PRESBYTERIAN  
CHURCH

## MIFFLIN PRESBYTERIAN CHURCH 2006-2007 EMERGENCY MEDICAL FORM

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Physician & Phone Number: \_\_\_\_\_

Dentist & Phone Number: \_\_\_\_\_

Please list any allergies your child may have to food and medications,  
etc.: \_\_\_\_\_

Please list any medical conditions or medications that we should know  
about: \_\_\_\_\_

Date of last Tetanus immunization: \_\_\_\_\_

Please note any other information that we should know about your child (contacts, etc.):

---

In case of medical emergency, representatives of Mifflin Presbyterian Church are  
authorized to transport my child \_\_\_\_\_ to \_\_\_\_\_  
Hospital for emergency medical care.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_