

Protégé Education and or Ecclesia Classes - Medical Information and Consent Form

Family Name _____

Mother's Name _____ Father's Name _____

Address _____

Mother's Cell _____ Father's Cell _____ Other Phone _____

If the parent/guardian above cannot be reached in the event of an emergency, please notify:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Insurance Information

Insurance Provider _____ Phone _____

Address _____

Policy Holder _____ Policy # _____ Group # _____

Primary Care Physician _____ Phone# _____

Child's name _____ Birthdate _____ Age _____

Allergies Please list all known allergies including those to medication, food and environment.

Allergy to	Normal reaction and treatment of the reaction

Medications

Medicine	Dose	Time	Reason for taking/Instructions

Please list any other health history we should be aware of including major illnesses, surgeries, emotional or mental health needs.

Attach additional pages if needed.

Medical Consent

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to Protégé Education and or Ecclesia Classes to obtain medical treatment and procedures for the child(ren) listed here: _____ as may be appropriate in emergency circumstances, including transportation, treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.

Parent or Legal Guardian Signature _____ **Date** _____

Family Name _____

Use this page to add additional children.

Child's name _____ Birthdate _____ Age _____

Allergies Please list all known allergies including those to medication, food and environment.

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Medications

Medicine	Dose	Time	Reason for taking/Instructions

Please list any other health history we should be aware of including major illnesses, surgeries, emotional or mental health needs.

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