

EMERGENCY MEDICAL INFORMATION AND PERMISSION SLIP

NOTE: It is only necessary to complete this form once a year.
January 1, 2025—December 31, 2025

GENERAL INFORMATION

Full (Legal Name): _____

Address: _____

City: _____

State: _____ Zip: _____

Home Telephone: (____) _____ - _____

Birthdate: ____/____/____ Age: _____

Father's Name: _____

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Mother's Name: _____

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Name of Physician: _____

Office Address: _____

City: _____

State: _____ Zip: _____

Office Phone: (____) _____ - _____

INSURANCE INFORMATION:

Company Name: _____

Insurance Policy Number: _____

If unable to contact parents first, call:

Emergency Contact: _____

Phone: (____) _____ - _____

HEALTH HISTORY

EVER HAD OR CURRENTLY HAS:

YES NO

Appendicitis _____

Asthma or Hay Fever _____

Hernia (rupture) _____

Rheumatic Fever _____

Diabetes _____

Insulin _____

Heart Trouble _____

Severe Allergies _____

Scarlet Fever _____

Date of last tetanus shot: ____/____/____

Significant Disease, Injury, Operation, or if you
have answered yes to any of these questions,
Please explain on the back of this form.

EVER HAD OR CURRENTLY HAS:

YES NO

Sinus Trouble _____

Fainting Spells _____

Ear Trouble _____

Convulsions _____

Poison Ivy, Oak or Sumac _____

Reaction to Penicillin _____

Nervousness or Easily Upset _____

Allergic to Aspirin _____

Allergic to any Medications _____

Currently taking any Medication _____

Allergic to Bee Stings _____

Carries an Epi-Pen _____

Restricted activity for Medical Reasons _____

MEDICAL RELEASE & PERMISSION TO ATTEND ACTIVITIES

By signing this form, as the parent(s) or legal guardian(s) of _____, I hereby grant my permission for my son and/or daughter to attend the activities sponsored by Element Student Ministries as a part of Victory Church in Winchester, Virginia. I understand these activities will be chaperoned by an adult sponsor of the Element Student Ministries. I hereby assume all risks incident to my child's involvement in said activities and do hereby release and give up any and all claims for damages caused in any injury to said child whatsoever as a result of said child's activities in church sponsored events. I agree to hold Victory Church, its staff, and volunteers, their respective successors and assignees harmless and to indemnify them from all damages and expenses incurred as a result of said child's activities connected directly or indirectly with church sponsored activities.

I also authorize the adult sponsor of Victory Church to seek medical treatment for said child and hereby authorize medical treatment, including but not limited to emergency surgery or treatment. I will assume the responsibility of all medical expenses, if any incur.

This permission shall remain in effect until January 1, 2026, unless sooner revoked in writing and delivered to said agent(s).

Effective this _____ day of _____, 2025.
(date) (month)

(Father/Guardian Signature)

(Father/Guardian Printed Name)

(Mother/Guardian Signature)

(Mother/Guardian Printed Name)

MEDICAL EXPLANATION

IF THE ANSWER WAS YES TO ANY QUESTION UNDER THE HEALTH HISTORY, PLEASE EXPLAIN:


