

**2021-2022 School Year
Medical Information Form
Westminster Presbyterian Church
Greenville, SC**

Chaperone's Name _____ Birth date _____

Insurance Company _____ Policy # _____

Policy Holder's Name _____

Employer (if group plan) _____

Insurance phone # _____ Date of most recent Tetanus shot _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Current Medications & Schedule _____

Known allergies _____

Special Dietary needs _____

Special needs or medical needs that we should be aware of _____

Check if you have a history with these medical conditions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Blood Pressure Problem | <input type="checkbox"/> Kidney Problem |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Lung Problem | <input type="checkbox"/> Fainting | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bee Sting Reaction | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Sulpha Drug or Penicillin Allergic Reaction | | <input type="checkbox"/> Food Allergies _____ |

Other Pertinent Medical History _____