

**Medical Information**

Family Doctor

Doctor's Phone Number

**Insurance Information**

Medical Insurance Carrier/Provider

Member's Name

Member's ID Number

Group Policy Number

Plan Code                      Service Code

Insurance Company Mailing Address

Insurance Company Phone Numbers:

Prescription Coverage Phone Numbers:

Dental Coverage Policy# / Phone#:

**Medical History**

Allergies

Chronic or existing diseases or medical problems (diabetes, epilepsy, etc)

Medicines your child is currently taking (please include both prescription and non-prescription as well as dosage amounts):

Does this child wear contact lenses?\_\_\_

Should activities be restricted?\_\_\_\_\_

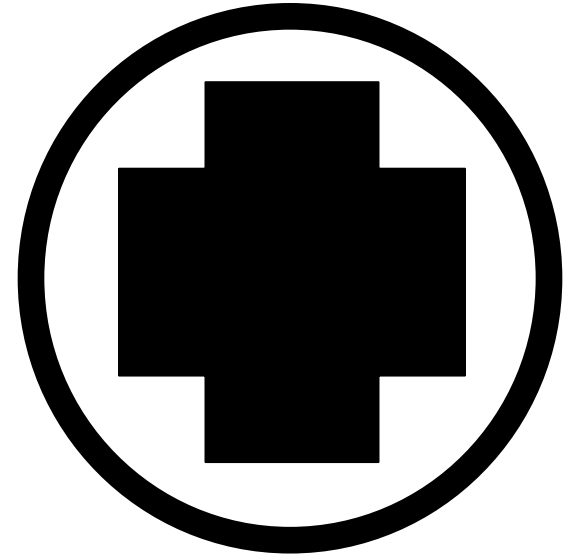
In case of minor physical discomfort, the following medicine(s) may be given to my child: (Please include dosage)

Date of last Tetanus shot:\_\_\_\_\_

Child's approximate weight:\_\_\_\_\_

Comments:

**Myers Park  
United Methodist  
Church**



**Youth Ministries  
Medical Consent Form**

**Myers Park United Methodist Church  
1501 Queens Road  
Charlotte, NC 28207  
704-376-8584**

