



# MEDICAL HEALTH INFORMATION FORM

NECYM Ministries: Adventurer Pathfinder MG AYM Sports MCC Compassion Other \_\_\_\_\_

**PERSONAL INFORMATION:** Staff, Volunteer or Pathfinder

**FULL NAME:** \_\_\_\_\_  
LAST First M.I

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ City State Zip Code

**TELEPHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_

**CELL:** ( \_\_\_\_\_ ) \_\_\_\_\_

**AGE:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**MEDICAL HISTORY:**

1. Has there been any change in your general health within the past year? If  Yes  No  
yes  
please indicate what: \_\_\_\_\_

2. Last Medical/Physical Examination was: \_\_\_\_\_

3. Are you currently under the ongoing care of a Physician or medical  Yes  No  
provider?  
What are you being treated for: \_\_\_\_\_

4. Are you taking any prescribed or non-prescribed medications?  Yes  No  
If yes what are they: \_\_\_\_\_?  
How much do you take on a daily basis? \_\_\_\_\_  
Do you administer the medication yourself?  Yes  No

5. Do you have any of the following medical concerns?  Yes  No

- a. Heart problems  Yes  No
- b. Allergy  Yes  No to what? \_\_\_\_\_
- c. Sinus trouble  Yes  No
- d. Asthma  Yes  No
- e. Hay Fever  Yes  No
- f. Seizures/Fainting Spells  Yes  No
- g. Diabetes  Yes  No
- h. Hypertension  Yes  No
- i. Anemia  Yes  No



**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_\_) \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**PERMISSION TO TREAT:**

In the event of sudden illness or accident requiring immediate attention, you are hereby granted permission to secure emergency medical services and use the information in this document for such purposes.

The above named person is a minor for whom I am the parent or legal guardian **OR** an adult volunteer, please sign below. As such you have my permission to obtain emergency medical services for the same in the event of sudden illness or accident. **Please note all medical conditions indicated specifically.** During this trip I can be reached at the following telephone numbers for follow-up.

Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Name of **Parent or Guardian** Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of **Adult Staff/Volunteer** Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

**SPECIAL INSTRUCTION:**