

**Medical Insurance &
Emergency Contact Information**
(Must be completed by all participants)

Name: _____
Address: _____
Date of Birth: _____
Emergency Contact: _____
Relationship to Participant: _____
Day & Evening Phones: _____
Insurance Company: _____
Policy Number: _____

Authorization for Medical Treatment: In case of illness or injury, any duly licensed physician is hereby authorized to provide appropriate and necessary medical treatment for me/my/our child named above, and any hospital emergency department and/or any member of the hospital medical staff requested by such physician is authorized to make such examinations and render such medical and/or surgical treatment deemed necessary by them for such child's health and welfare. If my insurance company requires hospital admission certification, the telephone number is _____

Behavior Contract
(Must be completed by all participants)

I have read the "Participant Packet" for the Son Servants Chattanooga MS trip, and I understand and agree to abide by the rules and regulations set forth in this packet.

Signature of Participant

SIDE A Chattanooga MS

Medical Evaluation Form
(To be completed by your doctor)

I have examined _____ and find him/her to be in generally good health and physically able to take part in the Son Servants Chattanooga MS trip.

Indicate any restrictions you would place on his/her work involvement during this trip: _____

Date of last Tetanus Shot (must be current) _____

Current Medications (& Dosage) _____

Allergies / Medical Conditions _____

Doctor's name _____ Date _____

Doctor's signature _____

General Medical Information
(Must be completed by all participants)

Name _____ Age _____ M F

Address _____

Church Name & Location _____

Group Leader _____

Treatment Notes (for use of medical personnel on the trip):

