

HOLY COVENANT UNITED METHODIST CHURCH OF KATY, INC.
Health Record & Consent to Treat

Identification

Full Name: _____
Date of Birth: _____
Social Security Number: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Parent/Guardian Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Emergency Contact: _____
Home Phone: _____ Cell Phone: _____

Emergency Contact: _____
Home Phone: _____ Cell Phone: _____

Insurance Information

Name of Physician: _____
Address: _____
Phone Number: _____
Insurance Company: _____
Insured Name: _____
Insured Social Security Number: _____
Address: _____
Phone Number: _____
Policy Number: _____
Group Number: _____

Medical History

Allergies: _____
Current Medications: _____
Health Problems/Special Conditions: _____

Able to take antihistamines such as Benadryl? Yes No
Able to take Ibuprofen such as Advil? Yes No
If no, explain: _____

Restricted Activity: Yes No
If yes, explain: _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I hereby grant permission for full participation in any and all activities of Holy Covenant United Methodist Church of Katy, subject to the limitations noted above. This health history is true and complete, to the best of my knowledge.

In case of emergency, I understand every effort will be made to contact the parent/guardian, spouse, or other emergency contact names above. In the event that no one can be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, X-rays, routine tests, treatment, anesthesia, dental or surgery diagnosis, or injections of medication, to release my records necessary for insurance purposes, and to provide or arrange necessary related transportation; this permission is granted for myself or my child. I understand that any medical costs incurred will be my responsibility.

Signature: _____
Signature of parent/guardian if minor: _____

Date: _____
Date: _____