GTCCF MEDICAL INFORMATION FORM

PERSONAL INFO

Child's name _____

Parent/Guardian name _____

Child's address _____

City _____ State _____ ZIP _____

Parent/Guardian address (if different) _____

Child's cell phone _____ Home phone _____

Parent/Guardian cell phone _____

If child does not live with both parents, please list other parent or guardian:

Name _____

Address _____

City _____ State _____ ZIP _____

Cell phone _____

BASIC MEDICAL INFO

Blood type_____ Prescription medications and dispensing instructions _____

_____

Please send all medications to GTCCF with your child ***in their original containers*** *with written instructions.*

Known allergies (food, medications, stings, etc.) _____

If allergic to stings, does child have an Epipen with him/her? _____

Any other medical problems, dietary restrictions, activity restrictions or special concerns?

_____

_____

If your child has been exposed to any communicable disease, particularly chicken pox, measles or mumps within 1 to 3 weeks prior to the program, please contact us as soon as possible.

Date of last Tetanus shot _____ Has your child had chicken pox? _____

EMEREGENCY CONTACT INFORMATION

Name _____

Relationship to child _____

Home phone _____ Work phone _____ Cell phone _____

Address _____

City _____ State _____ ZIP _____

Medical Insurance Company _____

Policy/Medicaid number _____ Group number (if applicable) _____

Name of policy holder _____ Relationship to participant _____

Insurance company address _____

City _____ State _____ ZIP _____

Insurance company phone number _____

In case of medical and/or surgical emergency, you authorize Georgia Tech Christian Campus Fellowship (GTCCF) to render to your child or to arrange for your child to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under the supervision of any physician, dentist or surgeon licensed to practice in the state of Georgia.

I recognize and understand that GTCCF is operated as a charitable organization. My child and I are receiving all of the benefits of GTCCF with minimal or no costs to us and recognize that GTCCF is immune from suit under Georgia's Charitable Immunity Doctrine.

All information is correct so far as I know and the child being described has permission to engage in all prescribed activities, except as noted by me on this form.

Print Name _____ Relationship to Participant _____

Signature _____ Date _____

Participant's Name _____

Please deliver medical and waiver forms when you arrive, scan & e mail to marc@gtccf.org or mail to GTCCF attn. Marc Smith at 767 Techwood Drive Atlanta, GA 30313