

Shining Light Ministries
EMERGENCY MEDICAL TREATMENT FORM

PARTICIPANT'S NAME _____

ADDRESS _____

AGE _____ DATE OF BIRTH _____

PARENT/GUARDIAN (under age 18) OR EMERGENCY CONTACT (age 18 or over):

NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE(S) _____

HEALTH INSURANCE _____

POLICY NUMBER _____

FAMILY PHYSICIAN _____

ADDRESS _____ PHONE _____

MEDICAL INFORMATION

ALLERGIES _____

DATE OF LAST TETANUS _____

CHRONIC PROBLEMS _____

MEDICATIONS _____

OTHER PERTINENT INFORMATION _____

UNDER AGE 18:

I, the undersigned, hereby give permission to JEFFREY BOHN, BARBARA BOHN, KELLY ENCK, or PATTI YANCHUK, or their designated representative to secure emergency medical treatment for the above minor while on SHINING LIGHT trips during their rehearsal and performance season of August, 2009 through July, 2010.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

OVER AGE 18:

DATE _____ SIGNATURE _____

ALL: Please attach a copy of both sides of your health insurance card.