

**WELLESLEY HILLS CONGREGATIONAL CHURCH**  
207 Washington St.  
Wellesley, MA 02841  
781-235-4424  
[www.hillschurch.org](http://www.hillschurch.org)

### MEDICAL FORM

The following information must be completed by the activity participant or by his parent(s) / guardian(s), in the case of participants who are minors. The WHCC appreciates your cooperation in ensuring the safety of all participants by providing the following information. WHCC appreciates the sensitivity of medical information and will disclose information only as necessary to ensure the safety of participants.

Name: \_\_\_\_\_  
*Last First Middle*  
D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone (h): \_\_\_\_\_  
*Street Address Town*

#### For Participants Under Eighteen

Parent/Guardian #1: \_\_\_\_\_ Parent/Guardian #2: \_\_\_\_\_  
Preferred Phone #: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_  
Other Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

*It is the parent/guardian duty to notify the activity/trip leader if the address/telephone number where you can be reached will be one other than that listed above during the activity/trip.*

#### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Medical Insurance Information

- Please append a copy of each side of participant's health insurance card.
- Subscriber Name: \_\_\_\_\_

\_\_\_\_\_  
Insurance Card

\_\_\_\_\_  
Insurance Card

FRONT

BACK

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**Primary Health Care Provider**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Restrictions****Dietary:**  Vegetarian  No Dairy  No Eggs  No Peanuts  No Tree Nuts**Activity/Physical Restrictions:**

\_\_\_\_\_

**Allergies:****Food Allergies**

Description of Reaction \_\_\_\_\_

How to Manage Reaction \_\_\_\_\_

**Medication Allergies**

Description of Reaction \_\_\_\_\_

How to Manage Reaction \_\_\_\_\_

**Other Allergies**

Description of Reaction \_\_\_\_\_

How to Manage Reaction \_\_\_\_\_

**Medical Condition(s):**

Does the participant have any medical condition about which the activity leader should be aware? (If accommodation to the medical condition may be needed, the participant must speak to the leader in advance to determine whether such accommodation will be available.)

\_\_\_\_\_

Please share any information about a minor's behavior, physical, emotional or mental health about which the leader should be aware. (This may include shyness, socialization difficulties, learning styles, etc. Please indicate any strategy to manage the concern and/or enhance the participant's enjoyment.)

\_\_\_\_\_

**Medications which participant will bring.**

*(All medications for minors, except asthma inhalers and epipens, must be given to the leader.)*

**Prescription(s)** must be in their original containers bearing the pharmacy label and have specific instructions for use. **Over-the Counter medications** must be in their original containers containing the original label and directions for use. Label with participant's name and dose.

**Prescriptions**

Medication #1: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s) administered: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Special precautions: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s) administered: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Special precautions: \_\_\_\_\_

Medication #3: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s) administered: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Special precautions: \_\_\_\_\_

**Over-the-Counter**

Medication #1: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s) administered: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Special precautions: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s) administered: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Special precautions: \_\_\_\_\_

Medication #3: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s) administered: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Special precautions: \_\_\_\_\_

**Asthma Inhaler:** If the participant is a minor and will keep his inhaler with him, please knowledge by signing. \_\_\_\_\_ (Parent/Guardian)

**Epipen:** If the participant is a minor and will keep an epipen with him, please acknowledge by signing. \_\_\_\_\_ (Parent/Guardian)

**Wellesley Hills Congregational Church  
Medical Release**

The health history provided is correct and complete to the best of my knowledge. I hereby give permission to WHCC staff and their designees to provide routine healthcare, administer medications as described, and seek emergency medical treatment for \_\_\_\_\_(participant). I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to WHCC staff and their designees to arrange necessary related transportation.

In case of a medical emergency, every reasonable effort will be made to contact \_\_\_\_\_(participant's) parent(s)/guardian(s)/emergency contact person. In the event that the parent(s)/guardian(s)/emergency contact cannot be reached, I hereby give my permission for the medical personnel selected by WHCC staff and their designees to secure and administer medical treatment including to

hospitalize, order and administer medications and anesthesia, perform X-rays, special procedures, or surgery, if deemed medically necessary for \_\_\_\_\_(participant), for which charges I shall be responsible and agree to pay.

I release and indemnify the Wellesley Hills Congregational Church, its staff, officers, committees, volunteers, and members from all claims, actions, and causes of action arising from the medication, medical treatment or failure to give medication or obtain medical treatment for the participant.

Signature of participant, if an adult: \_\_\_\_\_  
Parent's/Guardian's signature, if participant is a minor: \_\_\_\_\_  
Printed name(s): \_\_\_\_\_  
Date: \_\_\_\_\_

**Educational Discipline**

Has your child been suspended or expelled from school within the last twelve months?"  
Yes \_\_\_ No \_\_\_

If "Yes", please explain the cause of disciplinary action. The purpose of discipline is to teach, not punish. As a faith community, WHCC encourages youth fellowship participation by all who can do so without putting other participants in danger.

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