"The Reach for Your Star Session"

VIRGINIA IOJD GRAND SESSION 2008

MEDICAL FORM

Each Daughter attending Grand Session **MUST** complete and return this medical form with Bethel registration form.

(Please type or print legibly)

Name _____ Age _____ Bethel No. _____
Last First Middle Initial

Insurance Carrier _____ Contract # _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____

Address _____ Day Phone ( ) _____

City _____ State _____ Zip _____ Night Phone ( ) _____

Cell Phone ( ) _____

MEDICAL HISTORY (Serious illness or condition, surgery/injuries/date of occurrence:

_____

_____

Allergies _____

Date of last tetanus toxoid shot _____ Do you wear contact lenses? _____

List Medication you take, if any.

_____

_____

_____

_____

Family Physician Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone No ( ) _____

In the event of an illness or accident at Grand Session, any expense from treatment requiring the services of a doctor and/or hospital must be met by the individual involved.

I hereby agree that medical personnel may administer first aid or other necessary medical treatment in the event of an emergency, and/or refer the patient to a local clinic or hospital for treatment.

Signed _____ Date _____
(Parent or Guardian)