Wesley Foundation Medical History Form

Name:____

Address:____

Home Phone #:_____________________Cell Phone #:___________________________

Mom's Cell #:______________________Dad's Cell #:___________________________

Emergency Person:_______________________Phone #:__________________________

Date of Birth:_______________________Birthplace:___________________________

Health Insurance Information *please attach copy of card, or carry it with you.

Carrier Name and Address:____

Group Number:____

Subscriber Number:____

Doctor's Name (s) Address & Phone Number

1.____

2.____

3.____

Current Medications (and for what)

1.______________________________________1.________________________________

2.______________________________________2.________________________________

3.______________________________________3.________________________________

Food, Medical, and Other Allergies

1.______________________________________1.________________________________

2.______________________________________2.________________________________

3.______________________________________3.________________________________

Previous Illnesses/ Previous Surgeries

1.________________Date_____________1.________________ Date:__________________

2.________________Date_____________2.________________ Date:__________________

3.________________Date_____________3. ________________Date:__________________

4._ _______________Date_____________4. ________________Date:__________________

5.________________Date_____________5. ________________Date:__________________

Any other comments or information not covered above:________________________

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Medical Treatment Release and Liability Release

In order for me to receive the necessary medical treatment from the medical staff and/or physicians of the nearest hospital and clinics in case of injury or illness, I hereby authorize the Wesley Foundation Campus Ministry Leaders to obtain and consent to medical treatment for such injury or illness during a trip or event, and hereby release and discharge the Campus Pastors, volunteer leaders, and its representatives, employees, and agents from any and all debts, judgements, or suits of any kind which may arise or be occasioned as a result of the applicant's participation in a Wesley Foundation Campus Ministry event.

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Signature of Participant **Home Phone**