



VICTORY OUTREACH INTERNATIONAL

EMERGENCY CONTACT & MEDICAL INFORMATION

Must be completed by every registrant. To be filled out by parent, guardian, or adult participant. Please print in ink:

Participant Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Name of Parent or guardian: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

If parent or guardian named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of personal physician: _____ Phone: _____

Personal health/accident insurance carrier: _____ Policy No: _____

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me., if participant is an adult).

Date: _____ Signature of parent/guardian or adult _____

Circle all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, Medicines, Insects and Plants: **YES NO** If YES explain: _____

ADHD (Attention Deficit Hyperactive Disorder)	YES	NO	Convulsions / Seizures	YES	NO
Asthma	YES	NO	Diabetes	YES	NO
Cancer / Leukemia	YES	NO	Heart Trouble	YES	NO
High Blood Pressure	YES	NO	Hemophilia	YES	NO
			Kidney Disease	YES	NO

List any medications to be taken: _____

List any physical or behavioral conditions that may affect or limit full participation in this event _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____ Measles _____ Polio _____ Diphtheria _____

Pertussis _____ Mumps _____ Rubella _____ Other _____