

**PanicREV Ministries**  
**MEDICAL CONSENT FORM – MINOR**

**PLEASE PRINT**

Minor's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Name of Activity: \_\_\_\_\_

**EMERGENCY NOTIFICATION**

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ALTERNATE CONTACT**

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**HEALTH HISTORY**

**Allergies**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Drugs            | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Physical Handicap  | <input type="checkbox"/> Epilepsy      |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Cardiac          | <input type="checkbox"/> Emotional Handicap | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Hay Fever        | <input type="checkbox"/> Chronic Asthma   | <input type="checkbox"/> Medical Handicap   | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Seizure Disorder |   |  |

Date of last Tetanus Shot

\_\_\_\_\_

If you have checked any of the above, please give details: \_\_\_\_\_

Activity Restriction: \_\_\_\_\_

Please list medications currently taking and instructions (Please bring all medications in original bottles with instructions):

Medical Insurance Carrier: \_\_\_\_\_ Record Number: \_\_\_\_\_

**This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by PanicREV to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities.**

This Consent shall remain effective until revoked in writing.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, California

\_\_\_\_\_  
Parent/Guardian Signature