

**Shining Light Ministries**  
**EMERGENCY MEDICAL TREATMENT FORM**

PARTICIPANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN (under age 18) OR EMERGENCY CONTACT (age 18 or over):

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE(S) \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\*MEDICAL INFORMATION\*

ALLERGIES \_\_\_\_\_

DATE OF LAST TETANUS \_\_\_\_\_

CHRONIC PROBLEMS \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

OTHER PERTINENT INFORMATION \_\_\_\_\_

\_\_\_\_\_

**UNDER AGE 18:**

I, the undersigned, hereby give permission to JEFFREY BOHN, BARBARA BOHN, KELLY ENCK, SYLVIA BOMGARDNER or their designated representative to secure emergency medical treatment for the above minor while on SHINING LIGHT trips during their rehearsal and performance season of August, 2011 through July, 2012.

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**OVER AGE 18:**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**ALL: Please attach a copy of both sides of your health insurance card.**