



# G. O.Y.A. HEALTH PERMISSION FORM



Please complete the following form and return it to your Advisor.

GOYAN'S NAME \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ TEL# \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ TEL # \_\_\_\_\_

FAMILY DOCTOR'S NAME \_\_\_\_\_

HOSPITAL OF CHOICE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ TEL# \_\_\_\_\_

Are there any medical problems of which we should be aware? \_\_\_\_\_

Is your child taking either prescription or over-the counter medication on a regular basis? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Drug(s) \_\_\_\_\_

Drug Allergy? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Drug(s) \_\_\_\_\_

Other Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Types: \_\_\_\_\_

Type of Reaction (be specific) \_\_\_\_\_

Name of Drugs \_\_\_\_\_

Names and telephone numbers of two persons to contact if your child is ill or injured. In the event that the parent or guardian cannot be contacted, these persons might have to make a medical decision.

1.Name \_\_\_\_\_ Telephone \_\_\_\_\_

2.Name \_\_\_\_\_ Telephone \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT

To the Advisors and Reverend:

In the event that I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she is a member of the G.O.Y.A., you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of the doctor's actions, and I assume and agree to pay for any professional medical services incurred.

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

Permission for emergency medical treatment will be effective throughout the member's enrollment. If there is any change of information, please telephone the Reverend or Advisors.

YOUR INSURANCE COMPANY \_\_\_\_\_

GROUP IDENTIFICATION #: \_\_\_\_\_ MEMBER # \_\_\_\_\_

TELEPHONE # \_\_\_\_\_