

**MEDICAL & HEALTH INFORMATION**  
**Gateway Church (Acts Global Churches)**

Name: .....  
(Surname) (Christian names)

Is your child taking any regular or currently prescribed medication? YES / NO

If so, please name the medication and provide details of dosage and administration. ....  
.....  
.....

Your child's leader will administer medication to your child as directed by written instructions from you. Please clearly mark your child's name on all medication along with the dosage and administration procedures.

Is there anything about your child's health which means that s/he should engage in only limited physical activity? YES / NO

If so, please give details .....

Does your child require a special diet because of health problems? YES / NO

If so, please give details .....

Is there any other information which may help us care for your child? YES / NO

If so, please give details .....

**For emergency use only**

In case of emergency, contact .....

Phone Number .....

Name of family doctor .....

Address of doctor ..... Phone .....

Name and address of any other medical specialist treating your child

Doctor ..... Phone .....

Do you give permission for an ambulance to be called if deemed necessary (any costs being the parent's responsibility)? YES / NO

Signed: ..... Date .....  
(parent/caregiver)

Witnessed .....