



The Gifted Child Society
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FOR OFFICE USE ONLY
Group _____
Course _____
Session _____

TGCS MEDICAL FORM

Our medical personnel are onsite at TGCS venues. Medical records must be provided for all participating Member children and Ambassadors in order to participate in TGCS programming. If your child is allergic and requires medication onsite, this form must be provided along with your child's doctor's instructions for all required medication.

Child's Name: _____

Parent/Guardian #1 Name: _____ Parent/Guardian #2 Name: _____

Street: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Female: _____ Male: _____

Cell Phone: _____ Emergency Name, Relationship & Phone: _____

Email: _____

In the event that I or my designated physician cannot be reached in case of an emergency, I hereby give consent for my child (named above) to receive medical and/or surgical care as recommended by a physician or hospital.

Parent's Signature: _____ Date: ____/____/____

Allergies

You must attach a copy of your child's medication (Epi-Pen, etc.) requirements from your physician's office. You must submit this information PRIOR to the first day of class or your child will not be allowed to participate in programming. TGCS medical personnel MUST have medications and ALL health records requested on this form prior to participation. Thank you!

Seasonal _____ Medications _____

Year Round _____ Medications _____

Are any medications to be kept at onsite at TGCS programming? _____

Indicate Problems with any of the following:

Ears _____ Eyes _____ Nose _____ Throat _____ Lungs _____ Heart _____ Gastro-Intestinal _____ Uro-Genital _____ Orthopedic _____

Explain: _____

Physical Examination

Height _____ Weight _____ Glasses _____ Contact Lenses _____ Hearing Aid _____

Immunizations

Please attach a copy of your child's immunization record with this form. You must submit this information PRIOR to the first day of programming or your child will not be allowed to participate. Thank you!

Is there any information concerning your child's physical health that TGCS medical staff should be notified of?

Are there any restrictions that should be placed on this child's activities?

Physician

Name : _____ Phone: _____

Address: _____

Physician's Signature: _____ Date: _____

RETURN FORM TO: admin@gifted.org