

Emergency Medical Information Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

In Case of Emergency, please notify:

Name: _____ Relationship: _____

Phone: _____

Alternative Emergency Contact:

Name: _____ Relationship: _____

Phone: _____

Primary Care Physician:

Name: _____

Address of Office: _____

Phone: _____

Please check the following areas of concern:

Allergies: Hay Fever Asthma Insect Stings

Drug allergies, please list _____

Food allergies, please list _____

Diabetes Heart Trouble Seizures

Other Problems: _____

Special Equipment needed, please list _____

Prescription Medications: (Note prescriptions taken daily) _____

Non-Prescription: (Note over the counter medications taken daily) _____

Medical/Hospital Insurance Information:

Insurance Co.: _____

Phone: _____ Policy No.: _____

Policy Holder's Name _____

Signature: _____ **Date:** _____

(parent/guardian, if minor)

Parental Approval for Children/Youth Event

Name of Child/Youth: _____ Approval Period: from _____ to _____

____ I authorize my child's participation in this program/event, and in each element described in this notice or attachment.

____ I authorize my child's participation in this program/event, except for the following elements/activities:

____ Before approving my child's participation I would like more information about some aspect of the program.

In order to allow us to effectively supervise and assure the enjoyment and safety of all, please provide the following further information:

Please note any special dietary needs of your child:

Are there any regular medications your child is taking and will have with him/her?

Does the child need assistance in taking these medications? ____ Yes ____ No

If yes, do you approve an adult member of the leadership team giving such assistance? __Yes __No

Is your child under medical care for any immediate, but temporary condition?

____ Yes ____ No If Yes, please describe in such a manner that our supervisors may be aware of any special needs or possible problems.

Are there any restrictions on the nature or extent of physical activities of your child? ____ Yes ____ No If Yes, please describe those restrictions.

Does your child have any known allergies or serious reactions to things like bee stings or other toxins? If so, please specify and note important restrictions or limitations and treatments or responses.

When was the child's last tetanus shot? _____

Home Telephone: _____ Work Telephone: _____

Alternate Close Family Member: _____

Relationship: _____ Phone: _____

Family/Minor's Physician:

Medical Insurance Coverage: __ Yes __ No Through what Insurer? _____

Signature: _____ Date: _____

Relationship: (parent/guardian)

Emergency Medical Info Form

Emergency Medical Treatment for a Minor Child Authorization

Please review this emergency medical treatment authorization and if you consent, sign below. We encourage you to authorize emergency medical treatment for your minor child by filling in and signing this form.

I, (name) _____, as the (parent, guardian) _____ of (child's name) _____, and having full authority to hereby give my consent, in the event all reasonable efforts to contact me directly at (phone) _____ or (alternate phones) _____, are unsuccessful, to secure any medical treatment necessary for my child by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. This authorization does not include major surgery unless two licensed physicians or dentists concur that immediate surgery is necessary.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above.

I also give my permission for the church's and/or youth leaders to restrict my child from participation in any activity which they have any question about for health or other reasons.

This authorization is effective:

Only for the period of this special event.

Until revoked by me in writing.

Signature: _____

Date: _____