Medical Consent Form

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(MUST BE PHOTOCOPIED FRONT TO BACK)

Last name_____ First name_____

Home phone number _____ Male_____ Female_____ Birthdate_____

Age_____ Grade (just completed)_____ Social Security Number_____

Parent(s)/Guardian(s) name(s)_____

Parent(s)/Guardian(s) address(es)_____

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Parent(s) work phone number(s)_____

Parent(s) pager or mobile phone numbers_____

Emergency Contact (Other than parent/guardian – name/relationship/phone numbers)_____

_____

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Emergency & Health Information

Does youth have…(if "yes" please explain)

_____yes _____no Food or environmental allergies?_____

_____yes _____no Heart condition?_____

_____yes _____no Other?_____

Is youth subject to…(if' "yes" please explain)

_____yes _____no Fainting?_____

_____yes _____no Sleep walking?_____

_____yes _____no Upset stomach?_____

_____yes _____no Motion sickness?_____

_____yes _____no Other?_____

Does youth have a reaction to…(if "yes" please explain)

_____yes _____no Bee sting?_____

_____yes _____no Penicillin?_____

_____yes _____no Other drugs?_____

_____yes _____no Poison Ivy, oak, sumac?_____

_____yes _____no Other?_____

Please indicate ANYTHING else which leaders should know to avoid or help deal with your youth's health_____

_____

_____

_____

Date of last tetanus shot:_____

You have my permission to give my youth:

_____yes _____no Robitussin (cough medicine)
_____yes _____no acetaminophen (Tylenol)
_____yes _____no diphenhydramine (Benadryl)
_____yes _____no topical antibiotic ointment (polysporin)
_____yes _____no Pepto-Bismol
_____yes _____no Dramamine (for motion sickness)
_____yes _____no Rolaids, Mylanta (antacid)
_____yes _____no ibuprofen (Advil, Motrin)
_____yes _____no topical cortisone ointment (Cortaid)
_____yes _____no Solarcaine spray/lotion/ointment

EMERGENCY PROCEDURE: IN THE EVENT OF ANY EMERGENCY, LEADERS WILL ATTEMPT TO FIRST CONTACT PARENT/GUARDIAN/DOCTOR! In case this is impossible, note below:

_____yes _____no 1. With my signature, I hereby authorize first aid by staff or youth workers.
_____yes _____no 2. With my signature, I hereby authorize emergency medical care by hospital staff and/or doctor selected by church staff or youth workers.
_____yes _____no 3. With my signature, I hereby authorize doctor(s) selected by church staff or youth worker to hospitalize, secure treatment for, and to order injection, anesthesia, blood transfusions, or surgery.

If parent/guardian has answered "NO" to any of the above, parent/guardian must indicate procedure to be followed in the event youth workers are unable to contact parent/guardian/designee_____

_____

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Insurance Information

My youth has health insurance _____yes _____no. If yes, complete the information below.

Insurance Company_____

Policy/Certificate number_____

Name of Policy Holder_____

Pre-certification required? _____yes _____no If yes, phone number_____

Doctor's name and phone number_____

Parent/Guardian Signature_____ Date_____

Notary's signature _____