

Medical Consent Form

(PAGE 1 OF 2) (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): _____

Parent(s) Work Phone Number(s): _____

Parent(s) Pager/Mobile Phone Number(s): _____

Emergency Contact (Other than Parent/Guardian – Name/Relationship/Phone Number(s): _____

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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 stings?

____yes ____no Penicillin?

Emergency & Health Information, Cont.

____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 Dramamine (for motion sickness)
____yes ____no acetaminophen (Tylenol) ____yes ____no Roloids, Mylanta (antacid)
____yes ____no diphenhydramine (Benadryl) ____yes ____no ibuprofen (Advil, Motrin)
____yes ____no topical antibiotic ointment (polysporin) ____yes ____no topical cortisone ointment (Cortaid)
____yes ____no Pepto Bismal ____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:_____