

Medical Consent Form

Last name _____ First name _____

Home phone number _____ Male ___ Female ___ Birth date _____

Age Grade(just completed) _____
Social Security Number policy holder _____

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

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

Parent(s) work phone number(s) _____

Parent(s) pager or mobile phone number(s) _____

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

Email: _____

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Emergency & Health Information

Does youth have...(if "yes" please explain)
____ yes ____ no Food allergies? _____
____ yes ____ no Environmental allergies? _____
____ yes ____ no Heart Condition? _____
____ yes ____ no Other? _____

Is youth subject to...(if "yes" please explain)
____ yes ____ no Fainting? _____
____ 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 teachers/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: (if youth does not like, do not mark no, add a note to it with a yes. NO's mean we can never give them the med. If we need to, we will have to gain your permission before hand with a no.)

____yes ____no Robitussin (cough medicine)
____yes ____no acetaminophen (Tylenol)
____yes ____no diphenhydramine (Benadryl)
____yes ____no topical antibiotic ointment (polysporin)

____yes ____no Dramamine (for motion sickness)
____yes ____no Roloids, Mylanta (antacid)
____yes ____no ibuprofen (Advil, Motrin)
____yes ____no topical cortisone ointment

____yes ____no Pepto Bismal

(Cortaid)
____yes ____no Solarcaine spray/lotion/ointment

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

____yes ____no
____yes ____no
____yes ____no

1. With my signature, I hereby authorize First Aid by staff or youth workers.
2. With my Signature, I hereby authorize emergency medical care by hospital staff and/or doctor selected by church staff or youth workers.
3. With my signature, I hereby authorize doctor(s) selected by the church staff or youth workers 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 leaders/teachers are unable to contact parent/guardian/designee _____

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Insurance Information

My youth has health insurance ____yes ____no. If yes complete the form below.

Insurance Company _____

Policy/Certificate number _____

Name of Policy Holder _____ D_O_B _____

Pre-certification required? ____yes ____no If yes, phone number _____

Doctor's name and phone number _____ () - _____

Parent/Guardian Signature _____ Date _____

Notary's signature _____