

FAITH EVANGELICAL FREE CHURCH

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

PARENTAL CONSENT FOR PARTICIPATION IN ALL YOUTH DEPARTMENT ACTIVITIES

Child's Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

In an emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

PHYSICAL CONDITION (Check and specify; if other than good; give details)

- \_\_\_ Frequent Colds \_\_\_ Allergies- please list \_\_\_\_\_
\_\_\_ Asthma \_\_\_ Heart condition
\_\_\_ Diabetes \_\_\_ Rheumatic Fever
\_\_\_ Epilepsy or other nervous system disorder \_\_\_ Stomach upsets
\_\_\_ Eye, ear, nose, throat.

Please inform us as to what medication(s) your son/daughter is taking on a daily basis AND the dosages. \_\_\_\_\_

Check here if you give your consent for the Youth Staff to administer OTC medications to your son/daughter deemed necessary (i.e. ibuprofen, anti-acid etc.).

Date of last Tetanus shot \_\_\_\_\_
Date of Polio Vaccine: 1st: \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_
Any swimming restrictions: Yes \_\_\_ No \_\_\_
Any activity restrictions: Yes \_\_\_ No \_\_\_ (give details on back of this form)

To my knowledge, he/she has \_\_\_\_, has not \_\_\_\_ been exposed to contagious infectious disease in the last 3 weeks.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I/we \_\_\_\_\_, the parent (or legal guardian) of the above-named child, hereby give my/our consent to youth participation in the scheduled youth activity. I/we assume all risks and hazards incidental to such participation, including transportation to and from the activity, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless Faith Evangelical Free Church sponsors, supervisors, organizers and persons transporting my/our child to or from such activity, for any claims out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/we, the undersigned, parent(s) (or legal guardian) of \_\_\_\_\_ MINOR, do hereby authorize the youth coordinator/church staff member for the undersigned to consent to any X-ray, anesthetic, medical or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of the State of Pennsylvania, on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. I know of no health reason why my son/daughter may not participate in any Youth Department activities.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_