

Medical Consent Form

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 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:

<input type="checkbox"/> yes <input type="checkbox"/> no	Robitussin (cough medicine)	<input type="checkbox"/> yes <input type="checkbox"/> no	Dramamine (for motion sickness)
<input type="checkbox"/> yes <input type="checkbox"/> no	acetaminophen (Tylenol)	<input type="checkbox"/> yes <input type="checkbox"/> no	Rolaids, Mylanta (antacid)
<input type="checkbox"/> yes <input type="checkbox"/> no	diphenhydramine (Benadryl)	<input type="checkbox"/> yes <input type="checkbox"/> no	ibuprofen (Advil, Motrin)
<input type="checkbox"/> yes <input type="checkbox"/> no	topical antibiotic ointment (polysporin)	<input type="checkbox"/> yes <input type="checkbox"/> no	topical cortisone ointment (Cortaid)
<input type="checkbox"/> yes <input type="checkbox"/> no	Pepto Bismal	<input type="checkbox"/> yes <input type="checkbox"/> 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:

- | | |
|--|---|
| <input type="checkbox"/> yes <input type="checkbox"/> no | 1. With my signature, I hereby authorize First Aid by staff or youth workers. |
| <input type="checkbox"/> yes <input type="checkbox"/> no | 2. With my signature, I hereby authorize emergency medical care by hospital staff and/or doctor selected by church staff or youth workers. |
| <input type="checkbox"/> yes <input type="checkbox"/> 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_____