

MENTOR UNITED METHODIST YOUTH FELLOWSHIP EMERGENCY MEDICAL FORM

NOTE TO PARENTS/GUARDIAN: Youth cannot go anywhere with the group without the emergency medical form completed, signed and turned into the church office.

Student Name _____ Phone _____

Address: _____

Birthdate: _____ Grade: _____

Purpose: To enable parents and guardian to authorize the provision of emergency treatment for children who become ill or injured while under the churches authority when parents/guardian cannot be reached.

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Name in case of emergency & we are unable to contact parents: _____

Phone: _____ Relationship: _____

Part I, To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital preferred _____ Emergency Phone _____

Hospitalization Carrier Name _____ Policy No. _____

Any chronic illnesses: _____ Drugs taken _____

Student is permitted to take Tylenol for Headache? _____yes _____no

Student is permitted to take _____ for fever _____ for cold & flu symptoms.

Student is subject to motion sickness? _____yes _____no If yes, what medication can be taken? _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor or, in the event the designated preferred doctor is not available, by another licensed physician and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the student's medical history and any physical impairment to which a physician should be alerted _____

Date: _____ Signature of Parent/Guardian _____

Rev. 11/10/09 Address: _____