

## Medical Consent Form

Last name of minor participant	First name	(____)_____ Home phone
____ male ____ female	____/____/____ Birth date	____-____-____ Social Security Number
Parent/Guardian Name	Street address	City State Zip
Parent/Guardian work phone	or (____)_____	
Name - alternate adult contact	Relationship to participant	(____)_____ Phone

### Emergency and Health Information

Does youth have . . . (if "yes" please explain)

\_\_\_\_yes \_\_\_\_no 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 leaders should know to help avoid or deal with your youth's health.

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Name of policy holder \_\_\_\_\_

Pre-cert: \_\_\_\_yes \_\_\_\_no If yes, phone number \_\_\_\_/\_\_\_\_-\_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_-\_\_\_\_\_

You have permission to give my youth:

____yes ____no robitussin (cough medication)	____yes ____no dramamine (motion sickness)
____yes ____no acetaminophen (Tylenol)	____yes ____no antacid (Rolaids/Mylanta)
____yes ____no diphenhydramine (Benadryl)	____yes ____no ibuprofen (Advil)
____yes ____no topical antibiotic ointment	____yes ____no topical cortisone (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! If this is not possible, 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 selected by church staff or youth worker to hospitalize, secure treatment for, and to order injection, anesthesia, blood transfusion or surgery.

**If parent/guardian has answered "NO" to any of the above, parent/guardian must indicate procedure to be followed in the event that parent/guardian is unable to be contacted.**

\_\_\_\_\_

\_\_\_\_\_

Notarize signature here:

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date