

Medical Consent Form

Participant Last Name: _____ First Name: _____ Home Phone: _____
Gender: _____ M _____ F Birthdate: _____ Age: _____ Grade _____ Social Security No. _____
Parent/Guardian Name: _____ Cell Phone: _____ Work Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Alternate Adult Contact: _____ Relationship to participant: _____ Phone: _____

Emergency and Health Information

Does child have any of the following? (If yes, please explain.)

Allergies: Yes _____ No _____
Heart condition: Yes _____ No _____
Other: Yes _____ No _____

Is child subject to:

Fainting: Yes _____ No _____
Sleep walking: Yes _____ No _____
Upset stomach: Yes _____ No _____
Motion sickness: Yes _____ No _____
Other: Yes _____ No _____

Does child have a reaction to:

Bee sting: Yes _____ No _____
Penicillin: Yes _____ No _____
Other drugs: Yes _____ No _____
Poison ivy, oak, sumac: Yes _____ No _____
Other: Yes _____ No _____

Please indicate *anything* else leaders should know to help avoid or deal with your child's health.

Date of last tetanus shot: _____

Health Insurance

Insurance Co. _____ Policy No.: _____
Name of policy holder _____
Pre-certification required? _____yes _____no If yes, phone number: _____
Doctor's name _____ Phone _____

Medication Permissions

You have permission to give my child (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Robitussin cough medication | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> topical cortisone (Cortaid) |
| <input type="checkbox"/> acetaminophen (Tylenol) | <input type="checkbox"/> Dramamine (motion sickness) | <input type="checkbox"/> Solarcaine spray/lotion/ointment |
| <input type="checkbox"/> diphenhydramine (Benadryl) | <input type="checkbox"/> antacid (Rolaids, Mylanta) | |
| <input type="checkbox"/> topical antibiotic ointment | <input type="checkbox"/> ibuprofen (Advil) | |

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.

Parent/Guardian Signature: _____ Date: _____