

# Medical Consent Form

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Home phone number \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birth date \_\_\_\_\_  
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 number(s) \_\_\_\_\_  
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 allergies? \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Environmental allergies? \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Heart Condition? \_\_\_\_\_  
\_\_\_ yes \_\_\_ no Other? \_\_\_\_\_

Is youth subject to...(if "yes" please explain)  
\_\_\_ yes \_\_\_ no Fainting? \_\_\_\_\_  
\_\_\_ 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 teachers/leaders should know to avoid or help deal with your youth's health \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**(Turn Over)**

**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 | Roloids, 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/TEACHERS WILL FIRST 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 the church staff or youth workers 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 leaders/teachers are unable to contact parent/guardian/designee \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Insurance Information**

My youth has health insurance  yes  no. If yes complete the form below.

Insurance Company \_\_\_\_\_

Policy/Certificate number \_\_\_\_\_

Name of Policy Holer \_\_\_\_\_

Pre-certification required?  yes  no If yes, phone number \_\_\_\_\_

Doctor's name and phone number \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's signature \_\_\_\_\_