

Community United Methodist Church Emergency Medical Form
Please make a copy of your medical/drug card on the back of this form.
 This form is valid September 2011– August 2012

Name _____ Grade (current school year) _____

Address _____ Age _____ Gender M F

City _____ State _____ Zip Code _____ Date of Birth ____/____/____

Parent/Guardian _____ Phone _____
 Address _____ Cell _____
 Employer _____ Phone _____

Parent/Guardian _____ Phone _____
 Address _____ Cell _____
 Employer _____ Phone _____

Current Medications _____
 Medications youth *cannot* take _____
 Allergies _____
 Date of last Tetanus Shot (*please update if needed*) _____

Family Physician _____ Phone _____
 Address _____

Health Insurance Carrier _____ Phone _____
 Address _____
 Policy Number _____ Group Number _____ Policy Holder's ID _____
 Relationship to Policy Holder _____ please check here if youth is not currently covered

In the event of an emergency, where the parent(s) or guardian(s) listed above cannot be reached, please contact:

Name _____ Relationship _____
 Address _____
 Telephone: Home _____ Cell _____ Work _____

Name _____ Relationship _____
 Address _____
 Telephone: Home _____ Cell _____ Work _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the adult leaders of Community United Methodist Church to sign for emergency care for my child as deemed necessary by a licensed physician. I authorize the transfer of my child to any hospital that is reasonably accessible. This authorization does not cover surgery unless deemed necessary by two physicians or dentists prior to the performance of such surgery. Should it be necessary for the youth to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned gives permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Community United Methodist Church.

The undersigned further hereby agrees to hold harmless and indemnify Community United Methodist Church and any adult acting in its behalf, for any liability sustained by said church as a result of neglect, willful, or intentional acts of this youth, including the expenses incurred as a result of these actions.

Photos of your child may be taken and used in print and web publications (no last names will be printed). Do you give consent for photo use? Yes No

Signature of Parent of Legal Guardian _____ Date _____

Witnessed by Notary Public on this _____ day of _____, 20 _____.

Signed _____, Notary Public.

My Commission Expires _____ . SEAL