

EMERGENCY TREATMENT CONSENT FORM

Effective Dates of this form: January 1, 2011 until December 31, 2011

Child/Dependent's Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Date of Birth _____

Parent/Guardian _____ Work Phone _____

Fill in next two lines (address, city, state, zip, home phone) only if different from Child/Dependent's:

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____

Physician's Name _____ Phone (_____) _____

>Emergency Contact (if listed Parent/Guardian can't be reached):

Name _____ Home Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____

Health History

Special Medical Problems _____

Last Tetanus Shot (MM/YYYY) _____

Medications to be taken (list with directions) _____

Medication Allergies _____

Asthma: Yes No Allergic to Penicillin: Yes No

May be given as necessary:

Aspirin: Yes No Tylenol: Yes No Ibuprofen: Yes No

Any specific activities: Encouraged _____

Discouraged _____

Health Insurance Company _____

Group Number _____ Group Name _____

Insured's Social Security Number _____

I hereby give consent in advance to the designated Youth Leaders of First Covenant Church and to the physicians or hospital selected by them to render first aid treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Youth Leaders of First Covenant Church will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I release all Youth Leaders and Staff affiliated with First Covenant Church from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Signature of Parent/Guardian

Date