

# Mulberry Street United Methodist Church Health Info and Consent to Medical Treatment Form

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Emergency Contact Person

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_ Pager Number (\_\_\_\_\_) \_\_\_\_\_

### Alternate Contact Person: (Use someone near the primary contact)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_ Pager Number (\_\_\_\_\_) \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity. Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No

Name of Insurance Company \_\_\_\_\_ In whose name is the Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

### Health History

Pre-existing or present medical conditions \_\_\_\_\_

\_\_\_\_\_

Names and dosage of any medications that must be taken \_\_\_\_\_

\_\_\_\_\_

Any allergies? \_\_\_\_\_ to medications? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Blood Type \_\_\_\_\_

**See Back of form for additional information**

**Parent's Initials** \_\_\_\_\_

Name of Child for which this consent is given: \_\_\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff, employees, leaders, directors, and volunteers and any other agents of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we authorize the Director of Children's Ministries to give consent for me if I cannot be reached by telephone. If this person must give consent for me, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_