

North Presbyterian Church Youth Fellowship Health Form

Youth's Name _____
Date of Birth ____ / ____ / ____
Parent(s) Name _____
Address _____
Home Phone# _____
Cell Phone # _____

Emergency Contact Name _____
Phone # _____ Cell# _____

Physician's name and phone # _____
Medical Insurance Company _____
Policy # _____
Does Insurance Company need to be notified before medical care can be given? ___yes ___no
If yes, please provide a number to call. _____

List medication currently being taken _____

List known allergies (please give details on reaction and management of reaction) _____

Special Dietary needs: _____
Date of last Tetanus immunization _____

Consent for Emergency Treatment

I understand that in the event of an emergency, every reasonable attempt will be made to contact me at the phone number(s) listed above. If however, attempts to contact me are unsuccessful, I, the undersigned, legal guardian of the minor listed above, do hereby authorize the leaders on the North Presbyterian Church Youth Fellowship as my agents to consent to any diagnostic and/or surgical procedures or any other medical treatment which is deemed advisable by, and is rendered under the general or specific supervision of any licensed physician and surgeon (on the staff or engaged by any hospital or any other duly licensed entity), whether such diagnosis or treatment is rendered at the office of said physician or hospital.

It is understood that his authorization is given in advance of any specific need for treatments by is given to provide authority on the part of aforesaid agent(s) to give specific consent to any and all such procedures, treatment or other hospital care which the physician or hospital in the exercise of his, her or its best judgment.

Parent Signature _____ Date _____