



FIRST PRESBYTERIAN CHURCH

Medical Emergency Form

Please print this form, complete it to the best of your knowledge, and return it to the Program Director.

Person participating in this activity: _____

NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Street Address _____ City, State: _____

Home Phone # _____ Cell/Work Phone # _____

List any allergies to medicines, foods, etc.

Date of last tetanus shot: _____

List any history of serious illness that might need treatment during this activity (diabetes, asthma, epilepsy, etc.), or recent hospitalization.

List any medications currently being taken:

List any concerns that the group leader should be aware of:



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Parent or Guardian: *Please read the following statement. In order for your child to participate in this activity, you must sign below, indicating that you agree to emergency medical treatment:*

In the event that the above named minor, while participating in this activity, suffers any illness or accident requiring emergency hospitalization, medication, or surgery on the recommendation of the doctor after consultation with the adults in charge of the activity, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the coordinator or other responsible person will contact me at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult staff for this activity to protect the safety of those involved.

Parent's or Guardian's signature: _____

Health insurance _____ Policy/Group # _____

Insurance Telephone # _____