

# EMERGENCY TREATMENT CONSENT FORM

Effective Dates of this form: January 1, 2015 until December 31, 2015

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