

Emergency Medical Release Form

Name _____ Gender _____ Age _____ DOB _____

Address _____ City _____ Zip _____

School _____ Grade _____

Parent1/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent2/Guardian Name _____

Address (if different) _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Emergency Contact: _____ Relationship to youth _____

Home Phone _____ Work Phone _____ Cell Phone _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

Eye Doctor _____ Phone _____

Accident/Health Insurance Provider _____

Phone _____ Policy Number _____

Please attach a copy - front and back - of the insurance card.

Date of most recent tetanus shot/booster _____ Glasses or contacts worn? _____

Allergies to medications? Please list _____

Any other allergies? (type, description of symptoms, etc) _____

Is emergency medication required for this allergy? _____

Does your child have any condition or limitation the leaders should know about to assure his/her well being at youth events and activities?

Please explain _____

Has your child had any major illness at any time which may affect his/her ability to participate in any activity? Please explain _____

Medical History Has your child been subject to any of the following? (Please check all that apply)

	In past year	More than 1 year ago	Never		In past year	More than 1 year ago	Never
Convulsions				Fractures			
Diabetes				Frequent colds			
Dizziness				Frequent headaches			
Ear problems				Frequent urination			
Encephalitis				Heart Disease			
Emotional Issues or hyperactivity				Hepatitis			
Epilepsy				Mononucleosis			
Eye problems				Nosebleeds			
Fainting Spells				Tires easily			
Other: _____							

May the medical supervisor administer any of the following to your child?

Symptoms	Treatment	Yes	No	Symptoms	Treatment	Yes	NO
Allergy, Hives, Bites	Benadryl			Fever, Flu, Headache	Acetaminophen, Ibuprofen		
Congestion	Sudafed			Menstrual Cramps	Acetaminophen, Ibuprofen, Naproxen sodium		
Cough	Robitussin DM			Sore Throat	Acetaminophen		
Cuts	Peroxide, Neosporin						

I give my permission for my child to receive the above medications as indicated by the "Yes" column. Before treatment is provided for any other illness or injury, parental contact or physician advice will be sought. I will notify the Youth Leaders if my child is exposed to any communicable disease during the two weeks prior to attending any function.

IN CASE OF MEDICAL EMERGENCY, I give permission to the physician selected by the FCC Youth Leaders or their designees to secure proper treatment for or hospitalize, and order injection, anesthesia or surgery for my child named. **(Every effort will be made to first contact parent or guardian)**

I, the undersigned parent/guardian of the named minor, do hereby authorize First Congregational Church of Santa Cruz, UCC, as agent for the above named to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff at any hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of a specific diagnosis, treatment or hospitalization being required but is given to provide authority and power on the part of my aforesaid agent to give specific consent to any and all such care. I hereby authorize any hospital, which has provided treatment to the above named minor pursuant to the health and safety provision for any and all States in the United States of America and to surrender physical custody of such minor to my above named agent upon the completion of treatment. These authorizations shall remain effective until September 30, 2009, unless revoked sooner in writing and delivered to said agents. A photocopy of this authorization shall have the same force and effect as the original.

TRANSPORTATION: Youth Leaders (over the age of 25) have my permission to transport my child to and from youth events Yes No

Parent/Guardian Signature _____

Printed Name: _____

Today's Date _____