

# Medical Consent Form

Last name \_\_\_\_\_ First name \_\_\_\_\_

Home phone number \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birth date \_\_\_\_\_

Age/Grade(completed this yr.) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parent(s)/Guardian(s) name(s) \_\_\_\_\_

Parent(s)/Guardian(s) address(es) \_\_\_\_\_

Parent(s) work phone number(s) \_\_\_\_\_

Parent(s) pager or mobile phone number(s) \_\_\_\_\_

Emergency Contact (Other than parent/guardian- name /relationship/phone numbers) \_\_\_\_\_

\_\_\_\_\_

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## Emergency & Health Information

Does youth have...(if "yes" please explain)

\_\_\_ yes \_\_\_ no Food allergies? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Environmental allergies? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Heart Condition? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Other? \_\_\_\_\_

Is youth subject to...(if "yes" please explain)

\_\_\_ yes \_\_\_ no Fainting? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Upset stomach? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Motion sickness? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Other? \_\_\_\_\_

Does youth have a reaction to...(if "yes" please explain)

\_\_\_ yes \_\_\_ no Bee Sting? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Penicillin? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Other drugs? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Poison Ivy, oak, sumac? \_\_\_\_\_

\_\_\_ yes \_\_\_ no Other? \_\_\_\_\_

Please indicate ANYTHING else which teachers/leaders should know to avoid or help deal with your youth's health \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**(Turn Over)**

**You have my permission to give my youth:**

- |   |   |
|---|---|
| <input type="checkbox"/> yes <input type="checkbox"/> no Robitussin (cough medicine)              | <input type="checkbox"/> yes <input type="checkbox"/> no Dramamine (for motion sickness)      |
| <input type="checkbox"/> yes <input type="checkbox"/> no acetaminophen (Tylenol)                  | <input type="checkbox"/> yes <input type="checkbox"/> no Roloids, Mylanta (antacid)           |
| <input type="checkbox"/> yes <input type="checkbox"/> no diphenhydramine (Benadryl)               | <input type="checkbox"/> yes <input type="checkbox"/> no ibuprofen (Advil, Motrin)            |
| <input type="checkbox"/> yes <input type="checkbox"/> no topical antibiotic ointment (Polysporin) | <input type="checkbox"/> yes <input type="checkbox"/> no topical cortisone ointment (Cortaid) |
| <input type="checkbox"/> yes <input type="checkbox"/> no Pepto Bismol                             | <input type="checkbox"/> yes <input type="checkbox"/> no Solarcaine spray/lotion/ointment     |

**EMERGENCY PROCEDURE: IN THE EVENT OF ANY EMERGENCY, LEADERS/TEACHERS WILL FIRST ATTEMPT TO CONTACT PARENT/GUARDIAN/DOCTOR! In case this is impossible, note below:**

- |  |  |
|--|--|
| <input type="checkbox"/> yes <input type="checkbox"/> no | 1. With my signature, I hereby authorize First Aid by staff or youth workers.  |
| <input type="checkbox"/> yes <input type="checkbox"/> no | 2. With my signature, I hereby authorize emergency medical care by hospital staff and/or doctor selected by church staff or youth workers.   |
| <input type="checkbox"/> yes <input type="checkbox"/> no | 3. With my signature, I hereby authorize doctor(s) selected by the church staff or youth workers to hospitalize, secure treatment for, and to order injection, anesthesia, blood transfusions, or surgery. |

If parent/guardian has answered "NO" to any of the above, parent/guardian must indicate procedure to be followed in the event leaders/teachers are unable to contact parent/guardian/designee\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Insurance Information**

My youth has health insurance \_\_\_\_\_yes \_\_\_\_\_no. If yes, complete the form below.

Insurance Company\_\_\_\_\_

Policy/Certificate number\_\_\_\_\_

Name of Policy

Holder\_\_\_\_\_

Pre-certification required? \_\_\_\_\_yes \_\_\_\_\_no If yes, phone number\_\_\_\_\_

Doctor's name and phone number\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

By signing below, I understand that photos and videos of my child, taken during this outing, may be used on BSLC's website, Facebook, slide shows, and all other promotional materials.

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_