**Child’s Medical Information and Authorization Form**

**(please complete this page for each child)**

Child’s Name DOB:

**General Medicine**

My child has permission to take (check all that apply):

□ Acetaminophen (Tylenol) □ Ibuprofen (Advil) □Antacid (Tums) □Diphenhydramine (Benadryl)

Please list all medications and dosages your child receives on a regular basis:

□ My child is allergic to the following medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies**

□ Food (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Bee stings / Insect Bites

□ Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are these allergies life-threating? □ Yes □ No

Do you carry medication in case they are affected? □ Yes □ No

Where is the medication kept? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How should it be administered?

Please describe any other health / behavioral issues relating to this child:

**Authorization Form**

My signature below gives consent to any St. Matthews United Methodist employee or volunteer to dispense medication as indicated on page 1.

**Physician and Insurance**

Primary Care Physician: Office Phone Number:

This document or a copy thereof gives consent to any St. Matthews United Methodist employee or volunteer, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility. The facility and its medical staff have authorization to provide treatment that a physician deems necessary for the well-being of my child.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PhotoRelease**

Occasionally, we take pictures or video of our ministries for use in brochures and on our website. We **never** include names or contact information of the children. Do you give us permission to use photos or video of your child participating in Children’s Ministries at SMUMC? If so, please sign below.