STRAWBRIDGE UNITED METHODIST CHURCH
EMERGENCY TREATMENT CONSENT AND INFORMATION FORM

Name:_________________________________ Sex:____ Date of Birth:___________ Grade:____
Last First Middle
Address:_____________________________________ Zip:________ Home Phone:_____________
Person Participating Email: ____________________________ Cell Phone: ___________________

Parent/Guardian:______________________ Email: ________________ Work Phone:____________
Home Phone: __________________ Cell Phone: _______________
Parent/Guardian:______________________ Email: ________________ Work Phone:____________
Home Phone: __________________ Cell Phone: _______________

In cases where parent/guardian is unavailable, name of friends/relatives to be contacted in the event of an emergency:
Name: ____________________________ Relationship: ________________ Phone: ____________
Name: ____________________________ Relationship: ________________ Phone: ____________

In order to meet all legal requirements, I hereby grant permission for __________________________
to participate in Strawbridge United Methodist Church programs. (minor's name)

I understand that my signature and initials convey the following:

(___) (1) My authorization for the adult leader to obtain necessary emergency medical and/or dental treatment for said minor.
(___) (2) I knowingly release, absolve, indemnify and hold harmless Strawbridge United Methodist Church from all claims that might result from any injury or death of any minor.
(___) (3) Should medical and/or dental treatment be required, I agree to pay all medical, dental and/or hospital care costs either directly or through my personal health and accident insurance policy(ies).
(___) (4) I give permission for Strawbridge United Methodist Church to include my child's photo in any form or media which may be posted on bulletin boards and/or printed in publications and advertisements for the church.
(___) (5) I give permission for Strawbridge United Methodist Church to include my child's photo on the Church web site and other social media. (such as Internet, Twitter and Facebook)
(___) (6) I give permission for Strawbridge United Methodist Church to provide transportation to and from all events.

Signature: _____________________________________ Date: _______________

(Please complete emergency medical information on back.)

This agreement will remain in effect for one year from the date above, or until revoked by me in writing.

Please provide copy of your insurance card (front and back) and attach to this form.

Revised 1-2016

EMERGENCY MEDICAL INFORMATION

Medical Information for ________________________

Physician Name_______________________________ Phone_______________
Address_________________________________ Zip_____________

Dentist Name_______________________________ Phone_______________
Address_________________________________ Zip_____________

Medical/Hospitalization Insurance Provider
Company Name____
Address_____________________________________ Zip_________
Policy Holder Name___________________________
Policy Number _______________________

Date of last Tetanus Shot _______________________

Recommended Immunizations Current? (based on minor's age) Yes____ No____

____No known allergies ______________ (Please initial)

Known allergies to:

____ Penicillin _______________
____ Other drugs ____________
____ Food __________________
____ Poisonous plants ______________
____ Insect bites ____________
____ Other ________________________

Chronic or recurring medical/health problems (i.e. asthma, bronchitis, diabetes, use of EPI Pen etc.):

____

____

Regularly used medications:

____

____

Indicate any activity restrictions:

____

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Other comments or suggestions from the parent or guardian concerning this minor:

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