## STRAWBRIDGE UNITED METHODIST CHURCH EMERGENCY TREATMENT CONSENT AND INFORMATION FORM

Name:		Sex:	_ Date of Birth:	Grade:
Last	First Middle	Zin	Home	Phone:
Person Participating E	mail:	Zip.	Cell Phone:	
Parent/Guardian:	E	mail:	Work Phone:	
Home Phone:	Cell Pho	ne:		
Parent/Guardian:	E	mail:	Work	Phone:
Home Phone:	Cell Photocology E	ne:		
of an emergency:	guardian is unavailable, Re			
Name:	Re Re	lationship:		Phone:
() (1) My authoriz treatment for said mino () (2) I knowingly Church from all claims () (3) Should med and/or hospital care co policy(ies). () (4) I give permis any form or media whic advertisements for the () (5) I give permis the Church web site an	release, absolve, indem that might result from ar ical and/or dental treatn sts either directly or thro sion for Strawbridge Ur h may be posted on bu	r to obtain ne nify and hold ny injury or de nent be requi ough my pers nited Methodia lletin boards a nited Methodia	cessary emergenc harmless Strawbri eath of any minor. red, I agree to pay onal health and ac st Church to includ and/or printed in pu st Church to includ et, Twitter and Fac	idge United Methodist all medical, dental cident insurance e my child's photo in ublications and e my child's photo on cebook)
from all events.			Date:	·
			Dute	

## (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.

## EMERGENCY MEDICAL INFORMATION

al Information for				
Phone				
ssZip				
Phone				
ssZip				
Medical/Hospitalization Insurance Provider				
any Name				
ssZip Holder Name				
Number				
Date of last Tetanus Shot				
Recommended Immunizations Current? (based on minor's age) Yes No				
No known allergies (Please initial)				
Poisonous plants				
Insect bites				
Food Other				
Chronic or recurring medical/health problems (i.e. asthma, bronchitis, diabetes, use of EPI Pen etc.):				
Regularly used medications:				
Indicate any activity restrictions:				
Other comments or suggestions from the parent or guardian concerning this minor:				