

County Line United Methodist Youth Medical History and Consent Form

Name _____ Birthdate _____
Address _____ Home phone _____
City/State/Zip _____
Parent/Guardian Name _____ Work phone _____
Cell Phone _____
Emergency Contact (Relative, Neighbor, Friend) Name _____
Phone _____

.....
Allergies or medical conditions we should be aware of:

Medications taking now:

Any restrictions on physical activity:

Last tetanus shot:

.....
We always bring a first aid kit that includes various over-the-counter medications. It will be the child's primary responsibility to ask for either OTC medication or any prescription medication that he/she brings with them at the proper times. Please check off the medications listed that you give your permission to be given by an adult to your child if necessary:

Tylenol___ Ibuprofen___ Motrin___ Benadryl___ Dramamine___ Hydrocortisone cream___
Pepto-Bismol___ sunburn relief___ Imodium AD___ Neosporin___ Caladryl lotion___
Bonine (motion sickness) _____

.....
Physician/Insurance Information

Doctor's name _____ doctor's phone _____
Insurance company name _____ phone number _____
Policy Holder _____ policy number _____
.....

Medical Treatment and liability release:

In order that my daughter or son may receive any necessary medical treatment in case of injury or illness while participating on a County Line United Methodist Church activity, I hereby authorize the leaders to obtain and consent to medical treatment for my child should it be necessary. In the case of an emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that neither I nor the Emergency Contact listed above can be contacted, I give permission for the adult in charge to select a physician, to hospitalize, to secure proper treatment for, and to order injection, anesthesia, or surgery for my child listed above.

I release and discharge County Line UMC, its staff, and volunteers from any and all debts, judgements, or suits of any kind which may arise from the applicant's participation in this event.

Parent/Guardian Signature _____ Date _____

(PLEASE INCLUDE A COPY OF YOUR HEALTH INSURANCE CARD)