South River United Methodist Church
Medical Information & Authorization for Treatment
Effective September 1, _____ to August 31, _____

Name of Youth _____

EMERGENCY INFORMATION

Father's Name _____

Work Phone _____ Home Phone _____

Cell Phone _____

Mother's Name _____

Work Phone _____ Home Phone _____

Cell Phone _____

Person to Contact in Case of Emergency _____

Work Phone _____ Home Phone _____

Cell Phone _____

INSURANCE INFORMATION

A COPY OF THE INSURANCE CARD (FRONT AND BACK) MUST BE ATTACHED

Medical Insurance Company _____

Name of Policy Holder _____

Policy Number _____

Insurance Phone Number _____

Dental Insurance Company _____

Name of Policy Holder _____

Policy Number _____

Insurance Phone Number _____

MEDICAL INFORMAITON

Allergies (medicines, foods, etc.)_____

_____

Medications currently taking (indicate dosage and when they are to be taken) _____

_____

Health Problems _____

_____

Surgeries _____

Date of Last Tetanus Shot _____

Permission to give Over-the-counter Medications (Tylenol, Advil, etc)

_____ Yes _____ No

Medications not included in this permission _____

Permission to administer Prescription Medications as indicted above

_____ Yes _____ No

I understand it is my responsibility as the parent/guardian to provide any and all updates and information as it changes.

In the event the child/youth named above suffers any illness or accident requiring emergency treatment while at a youth activity or event, I hereby give permission for any necessary transportation, treatment and/or hospitalization. I realize that every effort will be made to contact me and/or the contact person listed above in case of emergency. In the event I cannot be reached, I hereby give permission to the physician selected by South River UMC leadership to secure proper treatment including x-rays, routine tests and any other treatment needed to the health of the child/youth named above.

Signature of Parent/Guardian _____

Date _____