Timothy Lutheran Church Medical Information / Emergency Procedures

_____ _____ _____ _____
Last Name First Name Middle Name Home Phone

Male___Female___ Birthdate____/____/____ Age____ Member or Visitor of Timothy _____ Email_____

_____ _____ _____
Father/ Step Father Address Home Phone

_____ _____ _____
Mother/ Step Mother Address Home Phone

Father/ Step Father Cell Phone _____ Mother/ Step Mother Cell Phone_____

Emergency and Health Information

Does the youth have… (If "YES" please explain)

____YES ____NO Allegies? _____

____YES ____NO Heart Condition? _____

____YES ____NO Other? _____

Is youth subject to….. (If "YES" please explain)

____YES ____NO Fainting? _____

____YES ____NO Sleep Walking? _____

____YES ____NO Upset Stomach? _____

____YES ____NO Motion Sickness? _____

____YES ____NO Other? _____

Does youth have a reaction to…. (If "YES" please explain)

____YES ____NO Bee Sting? _____

____YES ____NO Penicillin? _____

____YES ____NO Poison Ivy/Oak? _____

____YES ____NO Other Drugs? _____

____YES ____NO Other? _____

Date of Last Tetanus Shot _____

Please indicate ANYTHING else which leader should know to help avoid or help with your youth's health: _____

_____

_____

Insurance Information- Please attach photo copy of insurance card

_____ _____ _____
Insurance Company Insurance Policy Number Name of Policy Holder

Is pre-certification required?_____ If "YES", please indicate the phone number _____

_____ _____ _____
Name of Doctor Phone Address

You have my permission to give my youth:

___YES___NO	cough medication	___YES___NO	Dramamine	If your youth is on medication, please specify type and dose:
___YES___NO	Acetominophen	___YES___NO	Antacid	
___YES___NO	diphenhydramine	___YES___NO	Ibuprofen	_____
___YES___NO	topical cortisone	___YES___NO	topical anti-biotic	
___YES___NO	pepto bismal	___YES___NO	solarcaine	_____

Emergency Procedure: Leader will attempt to call Parent / Guardian / Doctor First

If the leader is unable to contact you, please indicate your answer to the following:

___YES___NO 1. With this signature I hereby authorize First Aid by staff or youth workers and counselors.

___YES___NO 2. With this signature I hereby authorize medical care by hospital staff and /or doctor selected by church staff, youth workers or counselors.

___YES___NO 3. With this signature I hereby authorize doctor selected by church staff, youth workers or counselors to hospitalize, secure medical treatment for and to order injection, anesthesia, blood transfusion, and/or surgery.

If the parent/ guardian has answered "NO" to any of the above, parent /guardian must indicate procedure to be followed in the event youth workers are unable to contact parent / guardian:

_____

_____ _____
Parent / Guardian Signature Date