

FIRST LUTHERAN YOUTH GROUP
Medical Emergency Form

Please fill out the information on **both sides of this form** so that we can care for your son or daughter in the unlikely event of an emergency.

Youth Member Information:

Name : _____ Phone: _____

Address: _____
(number and street) (apt. no.) (town) (zip)

Date of Birth: ___ / ___ / ___ Age: ___ Sex: M / F
(circle one)

Parent or Guardian Information:

Name (s): _____ Relationship to youth: _____

Address (if different from youth) _____
(number and street) (Apt. #) (town and zip)

Daytime Phone : _____ Nighttime Phone: _____
Daytime Phone : _____ Nighttime Phone: _____

Additional Contact Person Information:

Name: _____ Relationship to youth: _____

Address (if different from youth) _____
(number and street) (Apt. #) (town and zip)

Daytime Phone: _____ Nighttime Phone: _____

Youth Medical Information:

List any known Allergies or medical problems: _____

List any medications taken on a daily basis: _____

Date of last Tetanus Shot: _____

Physician: _____ **Dentist:** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Hospital choice, if possible: _____

Medical Insurance Company: _____

Name of Policy Holder: _____ Relationship: _____

Policy No.: _____ Group No.: _____

Signature of parent or guardian: _____ **Date:** _____

Please see reverse side of form

My signature below indicates that I hereby give permission to the medical personnel selected by the Director or his/her designee to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director or his/her designee to secure and administer treatment, including hospitalization for my child. This form may be photocopied for trips off the property of First Evangelical Lutheran Church.

Name of Parent/Guardian: _____
Please Print

Signature of Parent/Guardian: _____

Signed this Date: _____

This form is effective from September of _____ to September of _____.