

### Westlake United Methodist Church

### Yearly Emergency Medical Authorization and Permission Form

**\*\*Students in grades 4-12 only\*\***

September 2012 - August 2013

**Personal Information:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
*City* *Zip*

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Medical History:** (Continue on the back of this sheet as needed)

Allergies (please include food, medication, insect bites etc.)

Current Medications (name and dosage)

List medication (and its dosage) that needs to be taken during event and kept with the leaders.

Chronic illness \_\_\_\_\_

**I hereby give consent for the following medical care providers and local hospital to be called:**

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Holder Name \_\_\_\_\_ ID Number \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred doctor is not available, by another licensed physician, and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance or such surgery.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

I give consent for my child to be contacted by cell phone or e-mail by WUMC church personnel. Initial \_\_\_\_\_

Cell phone number (child's) \_\_\_\_\_ e-mail address \_\_\_\_\_