

HEALTH FORM
FOR EMERGENCY MEDICAL TREATMENT
FOR YOUTH AND CHILDREN

Please print neatly:

Child's Full Legal Name: _____

Child's Social Security Number: _____

Child's Date of Birth: _____

Name and Address of Local Church: FUMC Monroeville 324 Pineville rd
Monroeville, AL 36460

Group Leader: Pam Barnhardt

I give my consent for my child to be transported by, and for the chaperones, the FUMC staff and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for:

Name of Child: _____

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Relationship: _____

Address: _____

Phone Numbers where I may be reached:

(____) _____ (____) _____

Any other information regarding child's habits or behaviors that would be important for us to know _____

<u>Insurance Information</u>
Insurance Company: _____
Policy Number: _____
Address: _____ _____
Parent's Employer: _____ _____

<u>Medical Information</u>
Allergies: _____
Last Tetanus or DPT: _____
Any medications being taken: _____ _____
Any other significant information: _____ _____