

HICKORY FLAT UNITED METHODIST YOUTH

Emergency Form/Permission Waiver in Lieu of Health Examination



Youth's Name: _____ Birthdate: _____

Address: _____ Soc. Sec #: _____
(Street) (City) (Zip)

Father's Name: _____ Phone #: _____ Pager/Cell #: _____

Mother's Name: _____ Phone #: _____ Pager/Cell #: _____

Please list emergency contacts below other than yourself:

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

Please complete hospital/medical information:

Insurance Co: _____ Group/Policy#: _____ Phone #: _____

Insured's Name: _____ Insured Soc. Sec #: _____

Doctor's Name: _____ Doctor's Phone #: _____

1. List allergies to drugs, medication or foods _____
2. Please list any drug(s) or medications to be taken regularly _____
3. Date of last tetanus shot: _____
4. Has there been recent illness, or exposure to contagious disease(s)? _____
 If so, what? _____
5. Is this person subject to fainting? _____ Convulsive Seizures _____ Diabetic _____ Nose bleeds _____
 Cramps _____ Asthma _____ What medication is prescribed for the preceding condition? _____
6. Limitations of activity? _____
7. Is there a history of chronic infection of nose, throat, ears, sinus or lungs? _____
 If so, what? _____
8. Is there a history of heart pathology requiring restricted activity? _____
9. Is this person subject to any skin disease? _____

I hereby give permission for _____ (youth) to participate in the Hickory Flat United Methodist enterprise for which he/she is enrolled, and do not hold the enterprise or the Hickory Flat United Methodist Church, any of their representatives, staff or officers (to include officers, etc. of enterprise) responsible for sickness, injury or death resulting from any physical unfitness of my child to participate in the enterprise activities. In case of medical emergency, I understand every effort will be made to contact a parent or guardian. The information provided regarding my child's medical history and condition is complete and correct to the best of my knowledge. In the event I cannot be reached, I hereby give permission to the physician selected by Hickory Flat United Methodist Church staff, representatives, or officers to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Subscribed and sworn before me this _____ day of _____, 20 ____.

 (Name of Parent or Guardian)

_____ (Notary Public)

 (Signature of Parent or Guardian)

My commission expires on _____.