

CONSENT FOR EMERGENCY MEDICAL TREATMENT  
For Events Sponsored by Highland Presbyterian Church  
1011 Cherokee Rd. Louisville, KY 40204

Please complete this page for the family information and an additional children's information page for each child.

Child(ren)'s last name \_\_\_\_\_

Family Information:

1<sup>st</sup> Parent/Guardian

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address \_\_\_\_\_  
(city) (state) (zip)

Cell Phone: \_\_\_\_\_ Other pertinent phone #'s \_\_\_\_\_

2<sup>nd</sup> parent/Guardian

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address \_\_\_\_\_  
(If different) (city) (state) (zip)

Cell Phone: \_\_\_\_\_ Other pertinent phone #'s \_\_\_\_\_

If you cannot be reached, who would should we notify in the case of illness or accident to your child(ren)?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Please provide the following information:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy holder: \_\_\_\_\_

Please sign below to allow photographs of your child taken during church-sponsored activities to be posted on our website or in our newsletter. A name will not be attached to your child's photograph.

\_\_\_\_\_

**Child information** (please complete one page per child)

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Child's Cell # \_\_\_\_\_

Child's E-mail: \_\_\_\_\_ 2016-2017 grade: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Is the child up-to-date on all immunizations? \_\_\_\_\_ If not, which ones are not up-to-date?

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions and current treatment: \_\_\_\_\_

\_\_\_\_\_

Food/Environmental Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Restrictions on your child's activities that HPC staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

Any previous injury or surgeries that HPC staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

Medications will be given to children only if they are provided by the parents with written instructions or if the specific medication is listed below. Please list other medications that we may give to your child:

\_\_\_\_\_

Child's Regular physician: \_\_\_\_\_ Physician's phone #: \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION:** In case of a medical emergency involving the child listed above, I request the doctor/dentist/hospital staff to contact me (or my spouse) at the numbers provided. I also grant written permission to medical personnel to release information about my child's condition as well as any current or prior medical conditions to any member of the Highland Presbyterian Church Staff. Furthermore, in the event that a parent or guardian cannot be reached, I grant written permission to any member of the Highland Presbyterian Church Staff or volunteer to authorize the appropriated medical/dental/hospital personnel to render emergency medical or dental care as deemed appropriate. The church will contact the child's physician in the case of an illness in which the child's parents cannot be reached.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

signature (of 2nd parent - optional)

\_\_\_\_\_

\_\_\_\_\_

UNLESS CANCELLED IN WRITING, THIS CONSENT IS VALID FROM AUGUST 1, 2016 THROUGH AUGUST 31, 2017.

My child/youth plans to participate in the following activities:

- \_\_\_\_\_ Youth or Children's Choir
- \_\_\_\_\_ Youth/Tween Group
- \_\_\_\_\_ Babysitting (only 5<sup>th</sup> grade and younger)
- \_\_\_\_\_ Sunday School

**Child information** (please complete one page per child)

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Child's Cell # \_\_\_\_\_

Child's E-mail: \_\_\_\_\_ 2016-2017 grade: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Is the child up-do-date on all immunizations? \_\_\_\_\_ If not, which ones are not up-do-date?

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions and current treatment: \_\_\_\_\_

\_\_\_\_\_

Food/Environmental Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Restrictions on your child's activities that HPC staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

Any previous injury or surgeries that HPC staff should be aware of: \_\_\_\_\_

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\_\_\_\_\_ signature

\_\_\_\_\_ date

\_\_\_\_\_ witness

\_\_\_\_\_ signature (of 2nd parent - optional)

\_\_\_\_\_ date

\_\_\_\_\_ witness

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My child/youth plans to participate in the following activities:
<input type="checkbox"/> Youth or Children's Choir
<input type="checkbox"/> Youth/Tween Group
<input type="checkbox"/> Babysitting (only 5 <sup>th</sup> grade and younger)
<input type="checkbox"/> Sunday School

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\_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions and current treatment: \_\_\_\_\_

\_\_\_\_\_

Food/Environmental Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Restrictions on your child's activities that HPC staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

Any previous injury or surgeries that HPC staff should be aware of: \_\_\_\_\_

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\_\_\_\_\_ signature

\_\_\_\_\_ date

\_\_\_\_\_ witness

\_\_\_\_\_ signature (of 2nd parent - optional)

\_\_\_\_\_ date

\_\_\_\_\_ witness

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