

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 (only 1 copy needed per family) and an additional children's information page for each child.

Child(ren)'s last name _____

Family Information:

1st Parent/Guardian

Name: _____

E-mail Address: _____

Address _____
(city) (state) (zip)

Cell Phone: _____ Other pertinent phone #'s _____

2nd 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/Youth information (please complete one page per child)

Child's Name: _____

Birth date: _____ Child's Cell # _____

Child's E-mail: _____ 2017-2018 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: _____

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:

_____ Please initial here if HPC staff and volunteers have permission to give your child any over-the-counter medication we feel is necessary or appropriate.

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.

signature

date

witness

signature (of 2nd parent - optional)

date

witness

UNLESS CANCELLED IN WRITING, THIS CONSENT IS VALID FROM AUGUST 1, 2017 THROUGH AUGUST 31, 2018.

Child information (please complete one page per child)

Child's Name: _____

Birth date: _____ Child's Cell # _____

Child's E-mail: _____ 2017-2018 grade: _____ T-shirt size: _____

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

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