

Medical Information, Care Authorization & Expected Conduct Acknowledgment 2017-2018

*for participants in youth fellowship events and activities sponsored by
the First United Methodist Church of Waynesville, North Carolina (828) 456-9475*

- Please Print -

Full Name: _____ Age: _____ Date of Birth: ____/____/____

Grade in School: _____ T-Shirt Size: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Social Security #: _____ Email: _____

Health Ins. Co.: _____ Policy #: _____

Primary Physician: _____ Phone: _____

Primary Emergency Contact

Parent/Guardians' Name(s): _____ Email: _____

Place of Employment: _____ Phone: _____ Cell: _____

Secondary Emergency Contacts

CHOICE 1.) Name: _____ Phone: _____

CHOICE 2.) Name: _____ Phone: _____

CHOICE 3.) Name: _____ Phone: _____

Information for use in the event of medical need

Please note: When a parent/guardian anticipates being out of town during the time their child participates in a youth trip or event, it is expected that they will provide *supplemental* emergency contact information to the adult leadership of First UMC Youth Fellowship in advance of the trip/event.

Allergies (incl. drug intolerance): _____

Date of last tetanus shot: _____ - please renew if not within 8 years

Prescriptions currently in use: _____

Known concerns regarding: Heart: _____ Respiratory: _____ Skin: _____ Renal: _____

Nervous System: _____ Psych/Emotional: _____ Sugar Metabolism: _____

Explanations or Other: _____

Special dietetic needs: _____

Please initial any of these non-prescription meds which your child may be given to ease minor discomforts.

Tylenol: _____ Motrin _____ Benadryl: _____ Dramamine: _____ PeptoBismol: _____ Immodium: _____ Tums: _____

Acknowledgment of Expected Conduct

-Please read carefully

I acknowledge that should my child deliberately act in such a manner as to endanger him/herself or others, that I (or my designee) may be contacted by the adult leadership of First United Methodist Youth Fellowship to arrange for the immediate return home of my child at my own expense and at any hour. **I understand** that the definition of *deliberate dangerous behavior* for youth trip event purposes includes the possession and/or use of firearms, knives (other than pocket knives), alcoholic beverages, tobacco products, recreational drugs or explosives. It also includes leaving one's assigned rooming quarters after a designated curfew (for reasons other than necessities), engaging in explicit sexual contact, and participating in dangerous pranks or aggressive violence toward persons or property.

Signed: _____ (parent or legal guardian)

Authorization for Emergency Medical Care

-Please read carefully

I give my permission to the adult leadership of First United Methodist Church Youth Fellowship to authorize and secure any and all necessary medical treatment for my child should s/he become seriously ill or injured within said leadership's care for a period of one year subsequent to the date of this signing. Permission is granted *only in the event* that I cannot be contacted prior to the time medical authorities deem medical action necessary to prudent. I declare that I am this child's parent or legal guardian and therefore have the authority to grant the above. I further declare that the information on the reverse is true to the best of my knowledge and may be assumed to be correct by medical authorities who may, *having no evidence to the contrary*, use this information in decision making.

Signed: _____ **Date:** _____

WITNESSED BY: _____ County, North Carolina

I, _____, a notary public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____.

Notary Public

My commission expires: _____