Emergency Treatment Consent Form

Effective Dates of this form: July 1, 2011 – June 30, 2012

Child/Dependent's Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____)_____ Date of Birth _____

Parent/Guardian _____ Work Phone _____ Cell Phone _____

Email of parent/guardian: _____

Physician's Name _____ Physician's Phone number _____

Emergency Contact (if listed parent/guardian unavailable)

Name_____ Home Phone (_____)_____ Cell Phone (_____)_____

Address _____ City _____ State_____ Zip_____

Relationship to child _____ Work Phone (_____)_____

Health History

Special Medical Problems _____

_____

Last Tetanus Shot (Td) (MM/DD/YY) _____/_____/_____

Medications to be taken with directions in original prescription container: _____

_____

Medication Allergies: _____

History of Asthma? Y N History of seizures or other loss of consciousness? Y N

History of heart problems? Y N If yes, nature of problem: _____

May be given as necessary by adults only: Ibuprofen? Y N Tylenol? Y N

Any specific activities: Encouraged: _____
Discouraged: _____

Health Insurance Company: _____
Group Number: _____ ID Number: _____
Insured's Social Security number: _____

"I hereby give my consent in advance to the designated leaders _____ (name of leaders) of this field trip or other activity and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above. I understand that the leaders of this activity will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I specifically release the leadership of this activity as well as the leadership and members of YST (Enola First Church of God) from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property."

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Parent/Guardian Date