

FIRST UNITED METHODIST CHURCH
14999 South State Ave. PO Box 207, Middlefield, OH 44062

Phone: (440) 632-0480

Emergency Medical Authorization

I give my consent for emergency medical treatment by a person certified in first aid. In the event that additional treatment is needed, the staff or the Emergency Room of the hospital closest to the event location, has my permission to treat my child/youth.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Hospitalization Plan and Group Number: _____

Name listed on policy: _____

Medical Health Information

Allergies, medications, hay fever, insect bites, asthma, food, other _____

Other pertinent health history information: _____

Does your child/youth have any conditions that would prevent him/her from fully participating in this program? _____. If yes, please explain (specific activities/foods to avoid): _____

List any medication to be taken during the event which will be kept by the leaders during the event: _____

Date of last tetanus shot: _____

Does the child/youth wear contact lenses? _____ glasses: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Eye Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold First United Methodist Church of Middlefield, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I realize that this information will be kept on file for the child, and if any changes occur, I take responsibility to inform the church of these changes.

Signature of parent/guardian _____ Date signed: _____