

ST. PETER'S UNITED METHODIST CHURCH YOUTH MINISTRIES
12200 W. FOREST HILL BLVD, WELLINGTON FLORIDA

"EMERGENCY MEDICAL CONSENT"

Name _____

Address _____

Home Phone Number _____ Cellphone _____

Grade in School _____ Age _____

Emergency Contact:

Name: _____

Phone number

Day _____ Evening _____ Cell _____

Medical History:

Allergies to medications: _____

Physical Limitations: _____

Other Medical information in case of emergency _____

Medical Insurance:

Name of Company: _____

ID or Contract Number: _____

Other Insurance: _____

ATTACH A COPY OF CURRENT INSURANCE CARD TO FORM

I hereby give my permission to the leaders of St. Peter's Youth Ministries to obtain and administer medical aid as might be required for the medical care of my son/daughter _____ in case of emergency.

I also give my permission to include the administration of such medicine or treatment as might be ordered or administered by a licensed physician.

I understand that St. Peter's UMC, its officers, counselors, leaders or agents will not be held liable for any first aid rendered or treatment, drugs or medicine or surgical procedure pursuant to this consent.

Parent or Legal Guardian signature _____

Signed on this day _____ of _____ 20 _____