

# FAC Student Ministry Emergency Medical Information Form

PLEASE PRINT CLEARLY



Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Known Medication & Food Allergies? \_\_\_\_\_

Prescription Medications (incl. doses & schedules)? \_\_\_\_\_

Chronic Conditions? \_\_\_\_\_

Reasons for Hospitalizations? \_\_\_\_\_

Dr.(s) Name(s) & Phone Number(s) \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Emergency Contact Number(s)

Mom \_\_\_\_\_ Dad \_\_\_\_\_

Other? \_\_\_\_\_ Other? \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT OF A MINOR



I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for **hired staff or volunteer sponsors over age 21 of Faith Alliance Church** (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

I request that repeated attempts be made to notify me immediately concerning any such emergency.

**This authorization is effective during all Faith Alliance Church Official Youth Group Activities, Events and Trips from August 1st, 2020 through August 1st, 2021.**

Name of Insured \_\_\_\_\_ Relation to Minor \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent or Legal Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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