

Nichols-Bethel UMYF Emergency Medical Permission Form

January –December 2009

Should _____ (Participant's full name) become ill or injured in any way, accidental or otherwise, and in the opinion of the counselor-in-charge or an adult designated by the counselor-in-charge, requires medical treatment, you have my permission to seek and authorize medical treatment, during Nichols-Bethel UMYF activities.

_____ (check) I grant permission for all UMYF activities for the next twelve months, until December 31, 2009.

Child's:

Date of birth _____ Current grade _____ SSN _____

Address _____ Phone # _____

_____ (Check) The youth named above is covered under the following medical insurance policy:

Policy # _____ Group # _____

ID # _____ Name Insured _____

Emergency Contact Information:

Your:

Name(s) _____ Parent/Legal Guardian (Circle One)

Phone #s – Please complete all that apply:

Home _____

Mom/Guardian Cell _____

Dad/Guardian Cell _____

Youth Cell _____

Mom/Guardian Work _____

Dad/Guardian Work _____

Please provide an alternate contact in the event we are unable to reach you:

Name (s) _____ Relationship _____

Phone #s – Please complete all that apply:

Home _____

Cell _____

Work _____

Medical Information

Child's Name _____

Allergies to medications, food, insect stings, plants (please list and describe):

Blood Type _____

Is child under a doctor's care (please describe)

Are there any medical conditions (physical, mental or emotional) of which the Counselor-in-Charge should be aware? (please list and describe):

Are there any medical conditions that may restrict the child's activities (Please list and describe the restriction)

Does he/she take medication routinely? (please list and provide dosage information)

My child **may/may not** receive Tylenol (acetaminophen) or Advil/Motrin (ibuprofen) for minor pain.

All medications, including non-prescription drugs, must be placed in a zip-loc bag clearly labeled with the camper's name and given to the counselor – in – charge, who will dispense according to the instructions provided above. Exceptions: Child may carry epi-pen of asthma inhaler.

Other information you wish us to know?

Primary Care Physician's Name _____
Phone # _____

I have read and filled out the medical emergency form in its entirety. To the best of my knowledge, all information and statements contained herein are complete and accurate as of my signature date below. In the event I cannot be reached by phone in an emergency, I hereby give my permission to the physician, selected by the counselor-in-charge or his/her designee, to hospitalize, provide appropriate emergency care (including emergency surgery deemed necessary by the physician), secure proper anesthesia or to order injection for my child.

I will not hold Nichols-Bethel United Methodist Church or any of their representatives, including but not limited to, adult leaders/counselors, or the Baltimore-Washington Conference of the United Methodist Church liable for my child's actions.

Signature _____ Date _____