

EMERGENCY FORM

This form must be completed and signed by a parent or legal guardian of the student named below, if that person is under the age of 18. This form must be presented to the youth leader before the youth may participate in youth group events. This form may be signed by the student if they are over 18.

Student Name: _____ Birthdate: _____ Phone #: _____

Address: _____

Email address: _____

Parent(s) or guardian: _____

Home Phone: _____ Mom Cell Phone: _____ Dad cell phone: _____

E-mail: _____

If parent/guardian is not available, list two persons with transportation who will be available and willing to assume temporary care of your child:

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Medical Information

Insurance carrier and policy #: _____

Primary Care Physician and phone #: _____

Medical Concerns:

Date of last tetanus shot: _____ Known bee sting reaction – (Y/N) Local or Anaphylactic?

My child wears: Contact Lenses – (Y/N) Glasses – (Y/N)

My child may receive: Acetaminophen – YES or NO Ibuprofen – YES or NO

Benadryl (in the event of an unexpected allergic reaction) – YES or NO Topical creams as necessary (i.e. Calamine lotion, sunscreen, moisturizer, hydrocortisone, etc.) – YES or NO

Other Medical concerns/conditions: _____

Does your child have known allergies (food / drugs / other)? Yes _____ No _____

If yes, please list allergy(ies) and side effects: _____

Is Benadryl and/or an epi-pen required for allergic reactions? Yes _____ No _____

If yes, please provide an Allergy Action Plan from your child's physician

Daily medications, dosage, and possible side effects: _____

By initialing here, I give permission for the Youth Director, or other designated adult, to administer medications and/or customary first aid treatment to my child as needed _____

The child listed in the Emergency Form above has my permission to participate in scheduled events of the youth group of Gwynedd Square Presbyterian Church (USA).

In the event of an emergency, I authorize the group leader(s) of the youth group activity, or their designated representative, to act on my behalf to secure necessary emergency medical treatment for the above named child. Such treatment may include medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical or hospital procedures prescribed by the attending physician and/or paramedics and waive my right to informed consent for treatment *provided all attempts to reach all parents / guardians listed above have been unsuccessful.*

Parent/Guardian signature: _____

Date: _____

Student signature (if over 18): _____

Date: _____

I further given permission for my child to attend planned activities, field trips, and other events of the youth group and **RELEASE TO THE FULLEST EXTENT ALLOWED BY LAW Gwynedd Square Presbyterian Church its employees, agents, representatives and designees, specifically including but not limited to the youth leaders, chaperones, helpers and other designees from liability in case of accident during such activities.**

Parent/Guardian signature: _____

Date: _____

Student signature (if over 18): _____

Date: _____