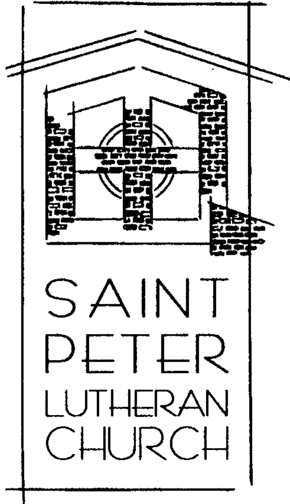

Youth & Families Ministries

Medical Consent Form

Name	
Date of Birth	
Sex	

Home Address:

Street	
City/State/Zip	
Home Phone	

Parent/ Guardian Data:

Name		
Work Phone		
Cell Phone		

If parent/guardian is not available, please contact

Name	
Relationship	
Home Phone	
Work Phone	
Cell Phone	

Insurance Information:

Name of Carrier	
Group Number	
Policy Number	
Doctor	
Office Phone	

(over, please)

Please check (✓) as many as apply:

Chronic Concerns

- ☐ None
- ☐ Frequent ear infections
- ☐ Heart disease/defect
- ☐ Diabetes
- ☐ Bleeding / clotting disorders
- ☐ Hypertension
- ☐ Asthma/Reactive Airway Diseases
- ☐ Seizures / convulsions

Allergies

- ☐ No known allergies
- ☐ Medications
- ☐ Insect Stings
- ☐ Foods (describe below)
- ☐ Other (describe below)

Medications

- ☐ Does not take medication regularly
- ☐ Takes the following routine medications:

Name of medication:________________________
Reason for taking:___________________________
Dosage:___________________________________
How often:________________________________

Name of medication: ________________________
Reason for taking: ___________________________
Dosage: ___________________________________
How often: ________________________________

Please provide information for any items checked above:

Describe any emotional, learning, or psychological concerns, and provide information to help us work effectively with this student (use another sheet if necessary):

My child has permission to participate in all Saint Peter activities, except as noted. I hereby give permission to the medical personnel selected by the Pastor and/or Adult Chaperones to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Pastor or Adult Chaperones to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian signature: ____ Date: ____________________

Parent/Guardian signature: ____ Date: ____________________