

# Lynchburg, Virginia 2010

## NEWTOWN PRESBYTERIAN CHURCH - EMERGENCY MEDICAL FORM

Dear Parent/Guardian:

In the event that your son/daughter requires medical attention during one of the Youth Group sponsored trips, we request your authorization to act until you may be reached. Please read and complete the statement below. Your signature will provide the authorization that we need.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

\_\_\_\_\_ Policy No. \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Note any medical condition(s) we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_ Date of Last Tetanus Booster \_\_\_\_\_

Present Medications \_\_\_\_\_

In the event that I cannot be reached and my son/daughter requires medical attention, I authorize a representative of the Newtown Presbyterian Church to act on my behalf.

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_

Please initial the medications your child is permitted to receive.

Tylenol 1-2 tablets \_\_\_\_\_ Benadryl 25mg \_\_\_\_\_ Ibuprofen 200mg \_\_\_\_\_

Immodium 1-2 tablets \_\_\_\_\_ Sudafed 30mg \_\_\_\_\_ Dramamine 1-2 tablets \_\_\_\_\_