

ST. PAUL YOUTH MINISTRY MEDICAL INFORMATION

SCHOOL YEAR 2011-2012

Strong in the Spirit!

YOUTH GROUP MEMBER INFORMATION

Member's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Date of Birth: _____

WHERE PARENTS/GUARDIANS MAY BE REACHED IF NOT AT HOME - (WORK, CELL, ETC.)

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

ALTERNATE PEOPLE TO NOTIFY

List two neighbors or relatives who will assume temporary care and who may authorize or refuse medical treatment for your child in case you cannot be reached.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

PHYSICIANS' INFORMATION

Primary Physician: _____ Office Phone: _____

INSURANCE INFORMATION

Insurance Company Name: _____ Effective Date: _____

Subscriber's Name: _____

Identification Number: _____ Group Number: _____

Policy Number: _____ Type: _____

PRESENT MEDICAL INFORMATION

- 1. Is your child allergic to any medications? Yes No Which?: _____
- 2. Is your child allergic to bee stings? Yes No
- 3. List any other allergies known: _____
 Does your child carry an Epi-Pen on them? Yes No

If "Yes", read & sign "Statement of Self Administration" below.

- 4. Does your child have Asthma? Yes No
 If yes, is a medicated inhaler required? Yes No

If "Yes", read & sign "Statement of Self Administration" below.

- 5. Date of Last Tetanus Shot: _____
- 6. Contacts or glasses worn? Yes No If so, which: _____

- 7. List any special health/medical conditions or history that an attending medical person should be aware of:
 (ie., heart murmur, diabetes, etc.):

- 8. Is your child presently on prescription medication? Yes No
 If "Yes", read & sign "Statement of Self Administration" below.

STATEMENT OF SELF-ADMINISTRATION

I understand that St. Paul Youth Group staff cannot administer prescription medication (i.e. Epi-Pens, Inhalers, or any other form of prescription medication). If my child needs to take medication during a Youth Ministry Event, s/he will be required to bring from home, carry, and self-administer medication. Medication container(s) must be clearly labeled with child's name, medication name & dosage, and reason for the medication. My child is instructed in self-administering and has my permission to do so should s/he need it.

Parent/Guardian's Signature _____

If this is the case, please specifically list medications, dosages, and reason for medication.

CONSENT FOR PAIN RELIEVERS

In the event that my child suffers from a head or body ache or fever, may the church authorities use their own judgment in administering any of the following over-the-counter pain relievers:

- | | | | | | |
|--------------------------|-----|----|------------------|-----|----|
| Ibuprofen (Motrin/Advil) | Yes | No | Aspirin (Bayer) | Yes | No |
| Acetaminophen (Tylenol) | Yes | No | Naproxen (Aleve) | Yes | No |

CONSENT FOR EMERGENCY MEDICAL TREATMENT

If emergency treatment is required and none of the above can be contacted, I hereby provide my consent to an authorized representative of the St. Paul Youth Group to use their own judgment in sending my child to the hospital or physician most reasonably accessible and I provide consent to the physician selected by the St. Paul Youth Group to accept consent to on my behalf from the authorized representative of the St. Paul Youth Group to secure proper medical treatment for my child including, but not limited to, injections, medications, anesthesia, surgery, and hospitalization. I understand that I will be contacted as soon as possible.

Parent/Guardian's Signature _____

ACCURACY OF INFORMATION

My signature below indicates that this form has been completed to the best of my knowledge and all information is accurate & up to date. I acknowledge that if any of this information should change between now and the departure of a St. Paul Youth Group Event, that it is my responsibility to complete and submit a new Medical Form prior to departure.

Parent/Guardian's Signature _____ Date: _____