

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**  
**For Events Sponsored By HIGHLAND PRESBYTERIAN CHURCH**  
1011 Cherokee Road, Louisville, Kentucky 40204

**\*\*\*Please attach a copy of your insurance card with this form\*\*\***

Member's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Allergies (include all know allergies, such as food and drugs) \_\_\_\_\_

Special Medical Problems \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Social Sec. # (optional) \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other numbers where I may be reached \_\_\_\_\_

Name of person(s) who will know my whereabouts at all times:  
\_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

If we cannot locate you by any of the above means, whom would you like us to notify in the event of illness or accident to your child?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to parent/guardian \_\_\_\_\_

If your child needs to be taken to a hospital emergency room, they will require the following information:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

**\*\*\*Please attach a copy of your insurance card with this form\*\*\***

**EMERGENCY TREATMENT AUTHORIZATION:** In case of a medical emergency involving the member listed, I request the doctor/dentist/hospital staff to contact me (or my spouse) at the numbers provided. In the event that a parent or guardian cannot be reached, I grant written permission to any member of the Highland Presbyterian Church staff to authorize the appropriated medical/dental/hospital personnel to render emergency medical or dental care as deemed appropriate. Further, I give permission for the member listed to receive aspirin, Tylenol, or Ibuprofen as requested by the member. (Signatures of both parents or guardians are preferred if possible.)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

UNLESS CANCELLED IN WRITING AND THIS FORM PROPERLY VOIDED, THIS CONSENT IS VALID AND IN EFFECT FROM AUGUST 27, 2007 THROUGH SEPTEMBER 15, 2008.