

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. I also grant written permission to medical personnel to release information about my child's condition as well as any prior medical conditions to any member of the Highland Presbyterian Church Staff. Furthermore, 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 23, 2009 THROUGH AUGUST 22, 2010.