

Lake Washington United Methodist Church
Kirkland, Washington 98033
Emergency Information Sheet 2011 – 2012

Note: This information sheet is to be filled out by the parents or legal guardian of each Youth. It will be taken on each activity in which the Youth participates. Should an emergency arise, the information that you have listed will be used in any medical treatment that he/she might receive.

MEDICAL CARE

NAME OF YOUTH _____ DATE OF BIRTH _____
HOME ADDRESS _____ PHONE _____

In case of medical emergency, I understand that every effort will be made to contact me and the emergency contact person. In the event neither of us can be reached, I hereby authorize and request the adult counselor(s) to secure emergency medical and/or hospital care for _____.

(Name of Youth)

I hereby give permission to the physician selected by the counselor(s) to hospitalize, secure proper treatment for, and/or to order injection, anesthesia, or surgery for the above-named Youth.

I accept full financial responsibility for any medical services required, including prescription and non-prescription drugs and other supplies, on behalf of my child.

DATE _____ **SIGNATURE OF PARENT/GUARDIAN** _____

Parents/Guardian Name _____

Home Phone _____

Mom's Work Phone _____

Cell Phone _____

Dad's Work Phone _____

Cell Phone _____

Family Physician _____ Phone _____

Emergency Contact Person _____

Home Phone _____ Work Phone _____ Cell Phone _____

HEALTH QUESTIONNAIRE-All information is strictly confidential

NAME OF YOUTH _____ a physical examination is recommended if there has been none within the past year.

Currently healthy? _____ if no, please indicate health problem(s): _____

Immunization/latest Booster Dates: D.P.T. _____ Tetanus _____ Polio _____

Smallpox _____ Other: _____

Allergies, Conditions (Y/N): Hayfever ___ Asthma ___ Convulsion ___ Fainting ___

Poison Ivy ___ Penicillin ___ Sulfa ___ Bee Sting ___

Other ___ (Describe): _____

If Yes to any of the above, please indicate treatment, past or present, and preventative and emergency measures which should be taken: _____

Medications: Please list any medications which are being taken at present, dosages, times, and other pertinent information: _____

Other Information: _____

DATE _____ **SIGNATURE OF PARENT/GUARDIAN** _____