

**PRESBYTERY OF COASTAL CAROLINA
YOUTH EMERGENCY INFORMATION CONSENT FORM**

Name of Participant: _____ Sex: ____ Age: ____ Date of Birth: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____ Cell Phone: _____

IN CASE OF EMERGENCY CALL:

Name: _____ Relationship _____ Home Phone: _____
Address: _____ City: _____ State: ____ Zip Code: _____ Cell Phone: _____

ALTERNATE CONTACT:

Name: _____ Relationship _____ Home Phone: _____
Address: _____ City: _____ State: ____ Zip Code: _____ Cell Phone: _____

MEDICAL INFORMATION: Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.)

CARRY EPI PEN/INHALER? ____YES ____NO *Note of medical necessity from Dr, stating child may keep this medicine/device in his/her possession. Please include note with this form.

Please list any medications this child is presently taking:

*Prescription medicine must be in original labeled container. Minors may not self-administer meds, except if needed for life threatening conditions (e.g. EPI Pen/Inhaler).

Please list all health restrictions, pre-existing or present medical conditions:

Family Doctor: _____ Phone: _____

Name of Insurance Company: _____ Phone: _____

Policy Number: _____ Date of Last Tetanus Shot: _____

____ My child does not (I do not) currently have health insurance.

I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I/we cannot be reached or the alternate contact person cannot be reached in an emergency I/we hereby give my/our permission to the physician selected by the activity leader to order emergency transportation, hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I/We understand that all safety precautions will be taken at all times by Presbytery of Coastal Carolina and its ministry partners during all events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Presbytery of Coastal Carolina, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by said child. Furthermore, I/We hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I/We understand that my insurance coverage for my/our child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/We hereby assume all transportation costs.

PARENT OR GUARDIAN'S SIGNATURE _____ Date _____

Please attach a copy of insurance card