

# 2018-2019

## TOWSON PRESBYTERIAN CHURCH Youth Health Form/Medical Authorization Form

I give \_\_\_\_\_, my son/daughter permission to travel with TOWSON PRESBYTERIAN CHURCH for the purpose of attending either the High School or Middle School (circle one) youth activities.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Emergency Contact:

In case of emergency please contact:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

If no one at the previous mentioned household can be contacted, please contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

### Medical Information:

**NOTE: Please send all medications in original bottle/package.**

Please list any medication your child is currently taking: \_\_\_\_\_

Please list any medication your child is allergic to: \_\_\_\_\_

Please list any health problems your child has that the Associate Pastor and/or Adult Advisors should be aware of (dietetic restrictions, diabetes, asthma, broken bones)

\_\_\_\_\_  
Child's Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### Emergency Treatment Authorization:

I, \_\_\_\_\_, being the parent or Legal Guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician should his/her condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

As long as the medical or surgical treatments considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here:

\_\_\_\_\_  
\_\_\_\_\_

I/We authorize \_\_\_\_\_ to administer either patent or prescription medicine to my child as needed according to instructions on container.

I also understand and have discussed with my child that he/she will not smoke, use drugs, or drink at any time during this activity. My child understands that unacceptable behavior (e.g., cursing, fighting, disrespecting advisors, defacing property, etc.) will not be tolerated and may be grounds for dismissal from the activity. I will be available or will make arrangements to pick up my child if he/she is asked to leave the activity for unacceptable behavior. I also understand that Towson Presbyterian Church may use a photograph of my child for such purposes as publicity, illustration, advertising, and web content.

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

\_\_\_\_\_  
Date