

Friendship Alliance Church Emergency Form

Revised 11/18/04

This form enables parents/guardians to authorize emergency medical treatment for children who become ill or injured at a youth group/church-related event when the parent/guardian is unavailable.

NAME	BIRTHDATE	PHONE
ADDRESS	CITY	STATE/ZIP
MOTHER'S NAME	PHONE (day)	PHONE (night)
FATHER'S NAME	PHONE (day)	PHONE (night)
PARENT'S EMAIL	YOUTH'S EMAIL	

LIST AN ALTERNATE PERSON TO CONTACT IF THE PARENT/GUARDIAN IS UNAVAILABLE.

NAME	PHONE	RELATIONSHIP
INSURANCE CO.	POLICY #	
PHYSICIAN	PHONE	
DENTIST	PHONE	

PREFERRED HOSPITAL

- Does this person take medication on a regular basis? Yes No
If yes, what medication? (Please include any special instructions)
- Does this person have any known allergies? (Please list) Yes No
- Does this person have any ailments/illnesses/diseases of which medical professionals need to be aware?(Please list or explain) Yes No
- Is this person allowed to go swimming? Yes No
- Is this person capable of swimming in water over their head? Yes No
- Are there any activities this person should not take part in? Yes No
(Please list and explain)
- May this person be given medication by an adult? Yes No
If yes, circle medications allowed: Ibuprofen Tylenol Other _____

Emergency Release

In the event that reasonable attempts to reach me have been unsuccessful, I give my consent for:

- (1) the administration of any treatment deemed necessary by medical professionals
- (2) the transfer of this person to any reasonably accessible hospital. This authorization does not include major surgery unless the medical opinions of at least two medical professionals concur and deem it necessary.

Parent/Guardian Signature _____ Date _____

Parental Consent Form

In exchange for the opportunity for my minor, _____ to participate in events of Friendship Alliance Church youth group/church I agree to release Friendship Alliance Church, its staff, and its volunteers from any liability resulting from any injury to my child. I understand attempts to provide a safe and healthy environment will be made and that at these events the activities my child could be involved in could include swimming, paintball, bowling, skating, volleyball, biking, hiking, sledding, canoeing, basketball, etc.

Parent/Guardian Signature _____ Date _____

This emergency form AND parental consent form must be signed by a parent/guardian in order to allow this youth to participate in FAC youth/church related events.