



FAIRWOOD COMMUNITY UNITED METHODIST CHURCH

YOUTH HEALTH INFORMATION AND CONSENT FOR EMERGENCY CARE

15255 S.E. FAIRWOOD BLVD. RENTON, WA 98058-8645		PHONE (425) 228-4577 FAX (425) 228-5922		E-mail: gayle_joe@yahoo.com joletta4@msn.com		Last Name	
PERSONAL INFORMATION		School and Grade		Gender	Date of Birth		First Name
Name				Telephone Number			
Address			City	State	Zip Code		
Custodial Parent/Guardian				Work phone			
Non-Custodial Parent/Guardian (if applicable)				Work phone			
ALLERGIES							
Hay Fever ____ Penicillin ____ Sulfa ____ Bee Sting ____ Poison Ivy ____ Other (name) _____							
FOOD ALLERGIES: (Specify) _____							
If any of the above are Yes , please submit a statement of how the youth reacts, how he/she has been treated and with what medication.							
SPECIAL NEEDS/SITUATIONS							
If your Youth has any physical, emotional, or medical limitations, please inform us to help the leaders provide appropriate support							
MEDICATIONS							
LIST ALL REGULAR MEDICATIONS AND PROPER DOSAGE. (Use other side if needed)							
IMMUNIZATIONS							
ARE IMMUNIZATIONS UP TO DATE? Yes ____ No ____				DATE OF LAST TETANUS : _____			
DATE OF LAST PHYSICAL _____				BLOOD TYPE _____			
INSURANCE COVERAGE			Group number		Membership number		
FAMILY DOCTOR					Telephone Number		
EMERGENCY CONTACT (other than above individuals)							
Telephone number _____							
CONSENT FOR EMERGENCY CARE							
I UNDERSTAND THAT, IN THE EVENT OF ILLNESS OR INJURY TO MY CHILD, EVERY EFFORT WILL BE MADE TO CONTACT ME OR THE PERSON LISTED ABOVE. IF NEITHER OF US CAN BE CONTACTED:							
I, _____ the custodial parent/legal guardian of _____							
authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. This release will remain in effect until September 30, 2008 unless revoked in writing.							
Parent/Guardian _____				Date _____			
Witness _____				Date _____			
Witness _____				Date _____			