Health Information and Permission to Treat Form

To be kept on file at First United Methodist Church, Bastrop Tx.

Each youth must have a current medical treatment form on file before participating in Youth Ministry events @ First United Methodist Church of Bastrop. We request that new forms be completed each year, or as medical and prescription information changes. Thank you,
Cynthia Engstrom, Youth Pastor

Youth Name: _____ D.O.B._____ Age:_____
Last First M.I.

Grade:_____ Height:_____ Weight:_____ [ ] Male [ ] Female

Address:_____

Parent's Name(s):_____ Phone:_____
(Please include last name if different from the youth)

Health Insurance Policy: <u>Please attach a copy of your child's insurance card</u>

Policy Holder's Name:_____ D.O.B._____

Family Physician:_____ Phone:_____

Personal Information:

Allergies:_____Last Tetanus shot:_____

Is there medication that will need to be taken while participating in youth events? [ ] Yes [ ] No

<u>If yes, please complete Prescription Medication Form on the next page.</u>

Other information, physical or medical, of which we need to be aware? _____

_____

I release adult supervisors and First United Methodist Church of Bastrop. TX. From responsibility for accidents during church-sponsored activities. In case of medical emergency, I, the parent/legal guardian of the above-mentioned minor, do hereby give permission to the adult sponsors of First United Methodist Church to secure proper treatment for the health and comfort of my child until I can be reached.

_____ _____

Parent/Guardian Signature Date