

TUMC EMERGENCY MEDICAL FORM

I give my consent for youth leaders/coaches/staff of TUMC &/or qualified medical personnel to act on my behalf in securing & administering necessary emergency medical care & treatment for myself or child:

\_\_\_\_\_ (full name---please print)

This form is in effect from (current date) \_\_\_\_/\_\_\_\_/\_\_\_\_ to such time as I cease to be a part of the ministries of Trinity United Methodist Church. I understand that this form is kept on file at the church and a copy with the leader in charge of medical forms & is carried on all trips; all information is confidential & will only be released to leaders in charge & appropriate medical personnel.

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Participant (Parent or Guardian if under 18)

In case emergency contact: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Day Phone \_\_\_\_\_  
Night Phone \_\_\_\_\_  
Emergency Phone \_\_\_\_\_  
Relationship: \_\_\_\_\_

Insurance Company \_\_\_\_\_  
In name of \_\_\_\_\_  
Policy # \_\_\_\_\_

HEALTH HISTORY

Known Drug Allergies: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be within 10 years to be current)

Check All That Apply:

	Yes	No
Asthma	_____	_____
Kidney Problems	_____	_____
Diabetes	_____	_____
Bleeding Problems	_____	_____
Seizures	_____	_____
Bee Sting Allergy	_____	_____

List Any Other Medical Problems or Pertinent Info: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can You Swim? \_\_\_\_\_ yes \_\_\_\_\_ no

FAMILY DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LIST OF PRESCRIPTION MEDICATIONS ----- GIVE THE NAME ONLY

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

I give permission to be given the following “over the counter” medications on an as needed basis. Unless directed otherwise, medication will be administered as directed by package labeling.

PLEASE MARK YOUR PREFERENCE WITH A CHECK MARK IN THE SPACES BELOW:

	Yes	No
Acetaminophen/Tylenol for pain/headache	_____	_____
Ibuprofen/Advil for pain	_____	_____
Benadryl for allergic reaction	_____	_____
Dimetapp Elix for sniffles/colds	_____	_____
Pepto-Bismol for nausea	_____	_____
Hydrocortisone Cream for itching	_____	_____
Imodium A D for diarrhea	_____	_____
Mylanta for stomach ache	_____	_____
Neosporin Ointment for scrapes/cuts	_____	_____
Generic brands may be substituted for name brand	_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_