

EMERGENCY INFORMATION FORM
Friendship United Methodist Church
22 West Friendship Road, Friendship, Maryland 20758

(Event name and date)

Should _____ **(name of participant)** be stricken in any way accidental or otherwise, and in the opinion of the adult leader in charge, should emergency treatment be required, you have permission to seek medical help, including surgery.

The youth named above ____ **is** ____ **is not** covered under hospitalization insurance with _____ insurance company, policy number _____ in the name of _____ (policy holder) **OR** _____ **COPY OF INSURANCE CARD ATTACHED.**

A. In case we are unable to contact you in an emergency, whom should we contact?

Name: _____ Phone: _____

Relationship to youth _____

B. Family Physician: _____

Office Phone: _____

Please answer these questions regarding the child or youth named above.

1. Any allergy to medications, foods, insect stings, etc.?

2. Does he/she take any medication routinely? If yes, list name of medication, strength, dosage and schedule (including Tylenol and other over the counter medications). _____

3. Blood Type: _____

4. Are there any particular medical conditions, which should be known (physical, mental, or emotional) _____

Signature of Parent or Guardian: _____ Date: _____

Parent/Guardian Home/Work contact Phone _____