

CENTRAL BAPTIST CHURCH

YOUTH FEST

Emergency Medical Information

Teen's Name _____

please print : first middle last name

Home Phone #:() _____

Email Address: _____

Date of Birth: _____ / _____ / _____

Address: _____

Street

City

State

Zip Code

Pastor's Name _____ *Church Name* _____

City/State _____

Please list any allergies the teen has had: _____

Please list any diseases the teen has had: _____

Please check if the teen is subject to:

Asthma

Ear Aches

Hay Fever

Bronchitis

Other _____

Please list any medications the teen takes regularly: _____

In case of an emergency requiring medical care, please indicate in numeric sequence (1,2,3..) what you would like done:

Contact father: Name _____ Phone#() _____

Contact mother: Name _____ Phone#() _____

Contact personal physician: Name _____ Phone#() _____

Take child to nearest hospital.

Other Procedure: _____

By signing this, I hereby consent to my child, _____ going to the Youth Fest.

In case of surgical emergency, I hereby give permission to the physician selected by the Central Baptist Church authority to hospitalize, secure proper treatment, and order injection, anesthesia or surgery for my child.

I understand and hereby agree to assume all of the risks to my child which may be encountered at said activity, including activities preliminary and subsequent thereto.

Parent or Guardian: _____ Relationship to Child: _____

Date: _____