



Emergency Medical Form

STUDENT

An EMF is required for each participant at FVCN.

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

School Name: _____ Grade: _____ Email: _____

Home Phone: _____ Cell phone: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name: _____ Relationship to student: _____ Email: _____

Name: _____ Relationship to student: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Daytime phone(s): _____ Evening phone(s): _____

Cell phone(s): _____ May we text? Y/N

Emergency Contact Person (in case parent or legal guardian cannot be reached)

Name: _____ Relationship to student: _____ Phone(s): _____

Emergency Medical Information

Physical conditions such as disabilities, recurring illness, allergies (ie: dairy, nuts, seafood, insects, animals):

List all medications currently being taken: _____

- Student permitted to take over-the-counter pain reliever? Y N
- Student permitted to take over-the-counter cold/flu medication? Y N
- Student subject to motion sickness? Y N
- Permitted to take over-the-counter motion sickness medication? Y N

Date of last Tetanus Shot: _____

Participants will be allowed to possess and take over-the-counter and prescription medications on their own if permission is granted in writing by the parent(s) or guardian(s). Both over-the-counter and prescription medications must be in their original containers and listed above. My child understands that any medications are his/her own and are not to be shared with any other persons.

Parent/legal guardian's signature

Date

Emergency Medical Authorization Information

Insurance Company: _____

Policy Subscriber's Name: _____

Policy Number: _____ Group Number: _____

Name of Family Physician Phone

Name of Medical Specialist Phone

Name of Dentist Phone

Preferred Hospital Phone

Emergency Medical Authorization (Part I or Part II Must Be Completed)

Part I (To Grant Consent)

I, the parent or legal guardian of _____ (hereinafter referred to as "MINOR") a minor, hereby acknowledge that said minor is presently under my care and custody. I hereby give said minor permission to go to and participate in activities with FAIRVIEW VILLAGE CHURCH OF THE NAZARENE of Eagleville, PA, (hereinafter referred to as "CHURCH"). In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the church, its representatives, or event leaders to make decision to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor do release, acquit, discharge, and covenant to hold harmless the church, its representatives, or event leaders from any and all actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by said minor during activities with the church.

Parent or legal guardian's signature Date

Facts concerning student's medical history and physical impairment to which a physician should be alerted:

Part II (Refusal to Consent)

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

I do not give consent for emergency medical treatment of my child. In the event of illness or injury, I do not give the attending physician permission to administer treatment until the parent, guardian or designated individual is contacted.

Parent or legal guardian's signature Date