

LivingWaters Church – Medical Consent Form

Student Information

Last Name		First Name		Phone	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gender	Birthdate	Age	Grade	Visitor	
Address			City	State	Zip

Emergency Information

Father's Name or Legal Guardian		Cell Phone	Secondary Phone
Mother's Name or Legal Guardian		Cell Phone	Secondary Phone
Alternate Contact if Parents / Guardians are unavailable		Relation	Phone

Health & Insurance Information

Insurance Carrier	Policy #
Name of Family Physician	Phone
Name of Family Dentist / Orthodontist	Phone

Allergies, Medical History, Medications & Restrictions

List any seasonal, environmental, food or medication allergies.

List an explain any major medical issues we should be aware of.

List any current medications being taken and send with instructions.

List any activity restrictions we should be aware of.

Authorization for Treatment

I hereby give permission to the medical personnel selected by LivingWaters Church to provide medical care in the best interest of my son/daughter in case of a medical emergency. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by LivingWaters Church to treat my son/daughter, including hospitalization, if necessary. By typing my name below, I agree to the above statements.

Name

Date