

Sabetha Methodist Church
AUTHORIZATION FOR EMERGENCY MEDICAL CARE
HEALTH FORM
806 Main Street - P.O. Box 52 - Sabetha, Kansas 66534

Youth Information

Date: _____ Current Grade: _____
Name(s): _____
Date of Birth: _____ Telephone #: _____
Permanent Address: _____

Parent/Guardian - Emergency Information

Father's/Guardian's Name: _____
Address: _____
Daytime Phone: _____ Evening Phone: _____
Cell: _____ Email: _____
Mother's/Guardian's Name: _____
Address: _____
Daytime Phone: _____ Evening Phone: _____
Cell: _____ Email: _____
Emergency Contact Person: _____
Relationship to Youth: _____
Daytime Phone: _____ Evening Phone: _____
Cell: _____ Email: _____
Doctor: _____ Phone: _____
Address: _____

Health Information

Food Allergies: _____
Drug Allergies: _____
Medical Conditions: _____
Last Tetanus Toxioid: _____

Insurance Information

Health Insurance Company: _____

Company Address: _____

Phone Number: _____

Policy Number: _____ Group Number: _____

Name of Primary Policy Holder: _____

Medical Assistance Program Name: _____

Program Address: _____

Program Number: _____

I, the undersigned, being over the age of 18, (or the parent or person legally authorized to act on behalf of the participant if under age 18) hereby authorize the Sabetha Methodist Church, Sabetha, Kansas, and related program activities, the Director of Christian Education and/or the adult sponsors acting on behalf of the Church the right to provide, approve, see, and obtain medical assistance for me (my child, if under 18 years old). Further, I waive all claims of the Participant or anyone claiming through said Participant against the Church arising from said activities. I understand that this document has significant legal consequences, but I also believe that the Participant will benefit from the activities of the Church, and for that reason, and in consideration of said benefit, I choose to execute this Authorization and Waiver.

Participant's (or Parent's) Name: _____

Signature: _____

Date: _____

This authorization is valid for one year from date printed above, and will remain in force for any future activities sponsored by the Sabetha Methodist Church in which the child participates within that year.