

New Baptist Church
Youth Ministry
Permission for Emergency Treatment

Name _____

Date and Place of Birth _____

Address _____

Social Security # _____

Physicians Name and Phone _____

Medical Insurance Co. and Policy No. _____

Medications regularly taken _____

Allergies _____

Health problems _____

Person to Contact in case of emergency

Name _____

Address _____

Home Ph. # _____ ***Work*** _____

Alternate Person

Name _____

Address _____

Home Ph. # _____ ***Work*** _____

I hereby give my permission for emergency medical treatment to be given to the person who is named above. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and that failing to reach me, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release New Baptist Church of Huntington, WV and it's chaperones and all persons associated with the church from any liability associated with any accident, injury, or disease to the person who is the subject of this form.

Parent _____ **Date** _____

Witness _____ **Date** _____