

EMERGENCY MEDICAL CONTACT and PERMISSION FORM

St. Matthew's Lutheran Church,
3668 Ridge Road, Perkasie, PA 18944
215-795-2965

A. Child's Information

Name: _____

Address _____

Phone _____ D.O.B. _____ School/Grade _____

B. Emergency Contact Information

St. Matthew's Lutheran Church is committed to the safety and well being of the children entrusted to our care in our education, music, and youth group activities. Parents or legal guardians are the most informed and legal authority when it comes to emergency medical decisions.

Please list as many phone numbers as are needed to ensure you can be reached during the time that your child is taking part in a church sponsored activity (including extension and type of number and any other helpful info.). Provide any changes in writing at the time that they occur. This form will be in the possession of a church leader at each outing if you are unsure about information or need to make changes. Begin with the number where you are most likely to be reached during predominantly evening and weekend activities:

Parent/Legal Guardian's name _____

Home telephone # _____ Work telephone # _____

Cellular phone #: _____ 2nd Cellular phone #: _____

If you cannot be reached at any of the above numbers, please list the name, address, phone numbers and relationship of the person you want to make any emergency medical decisions in your absence:

Name _____ Relationship _____

Address _____

Home telephone # _____ Work telephone #: _____

Cellular phone # _____ Work telephone#: _____

C. Medical Information

Since some emergencies may occur in an area or time void of phone service, (i.e. camping trips or weather emergencies) please provide any appropriate information on the reverse side of this form:

Child's Name _____

Allergies _____

Any medication being taken and amount _____

Medical problems and /or conditions we should be aware of _____

Medical Insurance Company Name _____

Member's Name _____

Policy/Group # _____ Policy/ID _____

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

In the event of an emergency, I consent to any X-ray examination, medical, dental, or surgical assessment, treatment, and care advised and supervised by either an EMTA, registered nurse, physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office, clinic, or in any hospital.

_____,
Parent/Legal Guardian Signature Relationship

If there is any emergency procedure you object to being conducted in your absence, please list here: _____

If you are not comfortable providing this consent ahead of time, we strongly encourage you to accompany your child to all church-sponsored outings to ensure your child's needs are met in the event of an emergency.

D. Parent/Legal Guardian Permission

St. Matthew's staff, advisors, and parent volunteers practice diligence in the planning and supervision of all activities. All parents are encouraged to take an active role in guidance or supervision to reduce or eliminate risk factors that are of concern to you.

I hereby give permission for my child to participate in outings sponsored by the Music, Youth, and/or Education programs of St. Matthew's Lutheran Church.

Signature of natural parent or legal guardian:

_____ Date _____

Together, we will continue to make St. Matthew's a safe and nurturing place for our church family.