Covenant United Methodist Church
15515 N. Gleneden Dr., Spokane, WA 99208
509-466-1768

(Return form to Church Office or Youth Director
Additional forms available at website: www.covenantmethodist.org)

EMERGENCY MEDICAL AUTHORIZATION

Student's Name | **Cell phone (student)** | **Birthdate/Age**

Mother/Guardian Name | **Home Phone** | **Work Phone** | **Cell Phone**

Father/Guardian Name | **Home Phone** | **Work Phone** | **Cell Phone**

Doctor's Name | **Phone Number**

Dentist's Name | **Phone Number**

Medical Insurance | **Phone Number** | **ID Number**

Name and phone number of person to notify if Parent/Guardian cannot be reached

Allergies/Current Medications | **Date of last Tetanus shot**

Special Instructions/Concerns:_____

_____

I give permission for Church staff or adult chaperones to direct emergency medical care for my child.
(circle one) Yes No

I give permission to transport to the nearest medical facility if unable to immediately reach Parent/Guardian.
(circle one) Yes No

Parent/Guardian Signatures

As the parent/guardian of the student named above, I:

1. Acknowledge the Emergency Medical Authorization information to be truthful and accurate and authorize emergency medical care for my child as provided above.

2. Understand that this is a "global" authorization related to all Church and Youth Group activities and will remain in effect until revoked in writing delivered to the Church or until replaced or updated.

_____ Date:_____
Parent/Guardian Signature

_____ Date:_____
Parent/Guardian Signature