

Has your youth ever had an operation or surgery?

_____ Appendectomy _____ Tonsillectomy

_____ Other: _____

If so, did your youth have any difficulty with anesthesia?

_____ No

_____ Yes Please explain: _____

Does your youth have any physical condition that would affect his/her participation in routine physical activities or athletic games?

_____ No

_____ Yes Please explain: _____

Doctors

Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Other: _____ Phone: _____

Insurance

Company: _____ Policy Number _____

Company: _____ Policy Number _____

IN CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to contact parents or guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the adult chaperones to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above. I also authorize the adult chaperones to sign insurance papers for me for payment to doctor and hospital of all fees charged as a result of injury or illness while on a church-sponsored trip.

Signed _____ Date _____
(parent or guardian) Month/Day/Year

Reviewed _____ Signed _____
Month/Day/Year (parent or guardian)

Reviewed _____ Signed _____
Month/Day/Year (parent or guardian)

Reviewed _____ Signed _____
Month/Day/Year (parent or guardian)

Reviewed _____ Signed _____
Month/Day/Year (parent or guardian)