

Youth Emergency/Health Form – for all Riverside Youth Activities

Riverside United Methodist Church

2701 Zollinger Rd.
Columbus, Oh 43221
(614) 486-5201

Name _____
Last First Middle

Grade in '16/'17 School Year _____ Age _____ Birth Date _____

Home Address _____
Street City State Zip Code

Allergies _____

Physical Limitation we should know about _____

Parent/guardian _____ Phone _____

Cellular Phone _____ E-mail address _____

Additional emergency contact _____

Address _____
Street City State Zip Code

Phone _____ Cellular Phone _____

Relationship to youth _____

Insurance Information

Is the participant covered by family medical/hospital insurance ____ Yes ____ No

If so, indicate carrier or plan name _____ Group # _____

Name of family Physician _____ Phone _____

IMPORTANT

The Information above is correct so far as I know, and the person herein described has permission to engage in all prescribed youth activities except as noted.

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by Riverside United Methodist Church to order X-rays, routine tests, treatment, and necessary transportation selected by the youth ministers to secure and administer treatment, including hospitalization, for my child as named above. *(Note: Parents will be contacted if the youth has an illness or accident that is of concern to the Youth Minister. Parents will be contacted/consulted in the event that a trip to Urgent Care or Emergency Room is necessary. In the event the parents cannot be reached, the Youth Minister will try to reach and Emergency Contact Person listed above.) I also give permission to the Youth Ministers to administer over the counter medications as deemed appropriate according to the youth's complaint or condition. The dosage will be directed on the labels of each medication, and may be the generic equivalent. This completed form may be photocopied for Riverside United Methodist Church outings.

Signature of parent/guardian _____ Date _____