

# Metro Atlanta Project

## Student Emergency Medical Information

Date turned in: \_\_\_\_\_

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### Personal Information

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Participant's Name: \_\_\_\_\_ Date of Birth M/D/Y: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Mom's Work #: (\_\_\_\_) \_\_\_\_\_ Mom's Cell #: (\_\_\_\_) \_\_\_\_\_

Dad's Work #: (\_\_\_\_) \_\_\_\_\_ Dad's Cell #: (\_\_\_\_) \_\_\_\_\_

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### Medical Information

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Any current medical conditions or problems? \_\_\_\_\_

Any allergies? If so, what happens? \_\_\_\_\_

For insect stings, have EpiPen? \_\_\_\_\_

Taking any prescribed medication? \_\_\_\_\_ If so, describe: \_\_\_\_\_

Past medical history/injuries we should be aware of: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### Insurance Information

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Group or Family Hospitalization Insurance Company: \_\_\_\_\_

Insurance Company's Address: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of EMERGENCY (If Parent Can't Be Reached) CALL: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Night Phone Number: \_\_\_\_\_

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## Waiver of Responsibility

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I, \_\_\_\_\_, legal parent or guardian of \_\_\_\_\_, give my permission to him/her to participate in all Youth activities. I hereby release the church, its staff, and volunteer counselors of any liability in the event of accident or injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Power of Attorney

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I, \_\_\_\_\_, of the County of \_\_\_\_\_, State of Georgia, natural parent (or legal guardian) of \_\_\_\_\_, my minor child, do hereby appoint his/her youth director as his/her agent as my true and lawful, attorney in fact to act for me and in my name, place and stead; and to do any and all acts and exercise and all powers that I might or could do in giving consent to emergency medical treatment for my minor child that he/she shall deem proper or advisable to do or exercise on my behalf.

This Power of Attorney and appointment of the authorized adult sponsor as my attorney-in-fact for the limited purpose or consenting to emergency medical treatment for the above named minor child shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

IN WITNESS WHEREOF I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Signed: \_\_\_\_\_

IMPORTANT: SIGN IN THE PRESENCE OF A NOTARY PUBLIC

### Notarization

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the above and forgoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_, Notary Public.

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## Credit Card Information (Optional)

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(This information will be kept confidential)

Each young person on a church trip will need a means of paying for emergency medical treatment. Most hospitals will file on the insurance and use the power of attorney to authorize treatment, but some will require payment in advance. If you would like credit card information kept on file in the case of an emergency, please include this information below:

Credit Card Company: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Date of Expiration M/Y: \_\_\_\_\_/\_\_\_\_\_