

EMERGENCY CARE FORM

For Activities: September 9, 2007 thru September 13, 2008

DRIVEN Youth Ministries

First Baptist Church of Wyandotte

1925 Ford Ave. Wyandotte, MI 48192 (734.282.1424)

Name: _____ Date of Birth _____

Address: _____

City: _____ Zip Code: _____

Phone: (____) _____

Emergency Contact Name and Phone Number:

Emergency Contact Name and Phone Number:

Age: _____ Sex: M F Grade in school: _____

_____ Check here if there is any special medical, allergy or physical need that we should be aware of during this trip. Please explain below:

***Please complete all categories**

Family Insurance Carrier: _____

Policy number/group: _____

Date of last DTP: _____ Date of last Tetanus: _____

Date of last Polio: _____ Date of last MMR: _____

Date of last Hepatitis: _____ Was series completed: _____

Date of Chicken Pox/Vaccine: _____

I GIVE PERMISSION FOR MY CHILD LISTED ABOVE TO HAVE EMERGENCY TREATMENT DURING ANY AND ALL 2007-2008 YOUTH MINISTRY ACTIVITIES. I AUTHORIZE PASTOR JULIE KRAGER OF FIRST BAPTIST CHURCH AND ANY OTHER STAFF APPOINTED BY HER TO ACT AS THE HIPPA PERSONAL REPRESENTATIVE FOR MY STUDENT. THIS CONSENT FORM GIVES PERMISSION TO SEEK WHATEVER MEDICAL ATTENTION IS DEEMED NECESSARY, AND RELEASE FIRST BAPTIST CHURCH AND ITS STAFF OF ANY LIABILITY AGAINST PERSONAL LOSSES OF NAMED CHILD.

Parent/Guardian _____ Date _____

***Must be the signature of legal parent/guardian**