

**EMERGENCY CARE FORM**  
**For Activities: July 1, 2009 thru September 13, 2010**

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 2009-2010 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**