Emergency Medical Treatment Form

Emergency Treatment Release Statement: I hereby authorize the Mt. Carmel Youth Workers and/or any licensed physician, Emergency Medical Technician or other qualified hospital personnel to render medical treatment to my child _____ which, in their judgment, is necessary in the event of illness or injury. I understand that, in all such cases, I will be notified as quickly as possible.

_____
(Signature of Parent or Guardian) (Date)

Full Name: _____

Date of Birth: _____

Full Address: _____

_____

Home Phone Number: _____

Father's Work Number: _____

Father's Cell Number: _____

Mother's Work Number: _____

Mother's Cell Number: _____

Additional Permanent Emergency Number: _____

Name of Person at Emergency Number: _____

Relationship to Family: _____

Please list any and all allergies (drugs, food, environmental, etc.), special medical conditions, special medications or health problems with which we should be aware:

_____
_____
_____
_____
_____

Please list any and all medication that your child takes on a regular basis. Please include amounts taken, number of daily doses and routine administration times:

_____
_____

Are there any medications that you know of that are contraindicated for medications your child is currently taking on a regular basis?

_____
_____

Blood Type (if known): _____

Does your child wear contact lenses? _____

Name of Family Doctor: _____

Doctors Office Phone Number: _____

Medical Insurance Name and
Policy Number: _____

Emergency (or Prior Approvals)
Phone Number for Insurance: _____

Name of Family Dentist: _____

Dentist Office Phone Number: _____

Dental Insurance Policy Name
And Policy Number: _____

Over the counter medications to your child are based on need and our judgment. Any medication marked "NO" will not be administered. Note that we do use generic products.

Medication	**YES**	**NO**
Advil, Tablets	____	____
Analgesic Cream Rub (Topical, Aspirin Free)	____	____
Anti-fungal Powder Athlete's Foot, Chafing, etc.	____	____
Benadryl, Tablets	____	____
Benadryl, Topical Cream	____	____
Dramamine (Motion Sickness), Tablets	____	____
Chloraseptic, Lozenges	____	____
Cortaid (Hydrocortisone), Topical Cream	____	____
First Aid Cream (Topical)	____	____
Imodium AD, Liquid (Anti-Diarrhea)	____	____
Imodium, AD, Tablets	____	____
Latex (Band-Aids)	____	____
Lip Balm (Chap Stick)	____	____
Cough Drops, Lozenges	____	____
Maalox, Tablets	____	____
Neosporin, Topical Cream	____	____
Sudafed, Tablets	____	____