First United Methodist Church of Evanston
2020 Master Medical Form

Family Information

Youth Name ____ Birth Date ______ Age _
Last First Middle

Parent or Guardian _____________________________________ Phone (_______) ____________________________

Home Address ____
Street & Number City State Zip

Cell Phone ________________________ Cell Phone ______________________ Email____________________

Business Address ____ Business Phone (_____) ______________
Street & Number City State Zip

Business Address ____ Business Phone (_____) ______________
Street & Number City State Zip

If not available in an emergency, notify:

Name ____________________________Phone (_____) ________________Business Phone (_____) _______________

Cell Phone (____) _________

Care Providers

Name of family physician ______________________________ Phone (____) ______________

Medical/hospital insurance Carrier ____
Address: _________________________________ Phone (____) _______________
Policy # ___________________ Group # ______________ ☐ have no medical/hospital insurance.

Please attach copy of insurance card (both sides).

Allergies

The following information must be filled in by the parent/guardian. The intent of this information is to provide our youth staff with background to provide appropriate care. Any changes to this form should be given to us as updates are necessary. List all known allergies to food, medication or other allergies. Describe reaction and management of the reaction.

Allergies (list)

__________________ ____

__________________ ____

MEDICAL CONSENT FORM

Participant's Name: ____

CERTIFICATION AND CONSENT TO AUTHORIZE MEDICAL CARE FOR MINOR.

I (Parent/Guardian full name), ____

Grant permission for my child to receive any emergency medical treatment and/or Transportation for medical/hospital treatment while participating in youth events, retreats, service projects and other activities with First United Methodist Church, 516 Church Street, Evanston, IL, 60201, and (847)864-6181.

_________________________ __________
Parent or Guardian's Signature Date