



Faith Family Fellowship

Consent for Emergency Medical Treatment

I, the undersigned, authorize the staff of Faith Family Fellowship church to take whatever emergency medical measures are deemed necessary for the care and protection of my child attending church and/or church function.

Child's Name _____

Child's Physician _____ Phone Number _____

Physician's Address _____

Street

City

State

Zip

Hospital Preference _____

Hospital Address _____

Street

City

State

Zip

Are there any physical or mental disabilities that need to be made aware of, so staff may accommodate/react appropriately regarding your child's needs: (if special supervision is required, we ask that the parent stay with child) _____

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information that caregivers should be aware of: _____

Parent/ Guardian Printed Date

Signature of Parent/ Guardian Date