



## 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: \_\_\_\_\_

\_\_\_\_\_

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