



YOUTH EMERGENCY MEDICAL FORM

(Please print legibly)

Youth Name:

Address:

City/State/Zip:

Parent(s)/Guardian's Name:

Parent(s)/Guardian Contact Number:

Home ()

Cell ()

Other Emergency Contact Name:

Phone ()

Cell ()

Health/Medical Insurance Company:

Policy/Group Number:

Physician Name:

Phone: ()

Dentist Name:

Phone: ()

Medication Allergies:

Special Needs/Physical Limitations:

Other Allergies:

Medications Currently Being Taken:

Any other information NC Child staff should know about your child (please note: NC Child has a strict confidentiality policy):

I grant NC Child and its authorized personnel or representatives to administer first aid to (name of youth) _____ as deemed necessary. I also grant permission to transport my child to a doctor or hospital and authorize any medical treatment for my child that may be deemed necessary, including, but not limited to, emergency surgery or medical treatment, and I agree to assume the responsibility for all medical bills for any medical treatment provided to my child and for any related expenses.

Signature

Date