

Good Shepherd Episcopal Church
2929 Woodland Hills Dr., Kingwood, Texas 77339
(281) 358-3154

Authorization For Emergency Medical Care
2011-2012

PERSONAL INFORMATION:

Youth's name _____ Sex (M/F) _____

Address _____

Home Phone Number _____ Date of Birth _____ Age _____

Youth Cell Phone _____

Current Grade and School _____ SSN# _____

Father/Male Guardian _____ Mother/Female Guardian _____

SSN# _____ SSN# _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Close Relative or Friend _____ Telephone # _____

Address _____

MEDICAL INFORMATION:

Any known allergies that may require special attention (i.e. medications, foods, insect stings, Etc.)? _____

Are there any particular medical conditions which should be known? _____

Are there any restrictions that should be observed? _____

Date of Last Tetanus shot: _____ Blood type if known _____

Prescriptions taken on a regular basis (Please indicate name of medication, strength, and Dosage). _____

DOCTOR INFORMATION:

Physician's Name _____ Phone number _____

Address _____

Dentist's Name _____ Phone number _____

Address _____

