

Emergency Medical Information for Minor Child

1. Minor's name: _____
2. Father's name: _____
Address: _____ Telephone _____
3. Mother's name: _____
Address: _____ Telephone: _____
4. Physician's name: _____
Address: _____ Telephone: _____
5. Insurance Company: _____
Policy No: _____ Group No: _____
Name of Insured: _____ Telephone: _____
6. Does Youth Member have any allergies? _____
9. Does Youth Member have restrictions on activities? _____
If yes, describe: _____
10. Does Youth Member have any other medical conditions of which we should be aware?
If yes, describe: _____

11. Does Youth Member take any medications of which we should be aware? _____
12. Blood Type: _____

Sponsor Agreement and Emergency Medical Care Release

I, _____ parent/guardian of _____

Give permission to SAI Region 1 events coordinators to sponsor my child and make decisions in the case of a medical emergency while she is participating in the Young Women In Harmony workshop.

In the event of a medical emergency, I give my permission to the physician selected by the sponsor to provide all necessary and appropriate medical care to the minor child including but not limited to hospitalization, injections, anesthesia, and surgical procedures.

Date Parent/Guardian signature