

## 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 to be held at the Sheraton Ferncroft, in Danvers MA on Saturday, January 24<sup>th</sup> 2009.

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