

2024-2025 ADULT ANNUAL EMERGENCY MEDICAL CARE FORM

Note: Participants must complete, sign, and submit this form prior to the commencement of each Parish Youth Ministry Program year. **Participants are responsible for updating the information on this form should changes occur during the Parish Youth Ministry Program year.**

CONSENT TO EMERGENCY MEDICAL CARE

Participant Name: _____ Parish: _____

In the event of an emergency, I request that the parish make reasonable attempts to contact _____ (name) at _____ (phone number) or _____ (name) at _____ (phone number)

I understand that in an emergency, exigent circumstances may prevent the parish from contacting the above listed emergency contacts immediately, or the parish may be unable to reach them. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment.

I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have which the parish may disclose to a health care provider. (participants may check the following):

_____ Dr. _____ is my preferred physician and Dr. _____ is my preferred dentist.

_____ _____ is my preferred hospital.

_____ Other: _____

The parish may also disclose the following checked information to a health care provider:

_____ Insurance Information: Insurance Company Name: _____
Policy/Group/Claim No.: _____

_____ The following information regarding allergies I have, medication I am taking,
and other medical facts: _____

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

_____ Date _____ Participant Signature _____ Email _____