



Leader Medical Form

Name: _____ Birth Date: ____ / ____ / ____

Street Address: _____ City/State: _____ Zip: _____

Phone(s): home _____ cell _____ texting: Yes/No

Email: _____ Facebook: Yes/No

Spouse's Name: _____ Phone #1(____) _____ Phone #2(____) _____

Children's Names & Ages: _____

In an emergency please contact the following:

Name: _____ Phone #1(____) _____ Phone #2(____) _____

Name: _____ Phone #1(____) _____ Phone #2(____) _____

Allergies: _____

Other Medical Conditions: _____

Current medication and dosage: _____

Hospital Insurance: Yes/No Insurance Company: _____ Policy #: _____

Preferred Hospital: _____ Doctor: _____ Phone: _____

In the following statements, First Friends refers to all authorized adult leaders with the youth program, both paid staff and volunteers. These statements are valid from **September 1, 2010 - September 1, 2011**.

I give permission for First Friends to photograph myself and use those photographs for future advertising.

I give permission for First Friends to make necessary decisions in any medical emergency involving myself.

I will not hold First Friends Church or individuals leading activities responsible for payment of emergency medical treatment involving myself or liable in any way for any harm to myself during participation in activities.

Signature: _____ **Date:** _____

Medical information only needs to be turned in once for Sept.1, 2010 - Sept.1, 2011 unless any information changes.
Additional permission slips & medical forms can be printed at www.flipd.org (under "more" -> "papers")