

**Chaperone Medical Consent Form**

I, \_\_\_\_\_ ,  
have given my consent in the case of an emergency for the church  
staff/members and/or qualified medical personnel to act on my behalf in  
securing and administrating medical care and treatment for myself if I am  
unable to do so. I agree to hold Wesley United Methodist Church and its  
staff and chaperones free and harmless of any claims, demands, or suits for  
damages arising from the giving of such consent.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Person in which Insurance carried \_\_\_\_\_

Family Physician

Office Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Blood Type \_\_\_\_\_

Date of last tetanus \_\_\_\_\_

Primary person to contact in emergency:

Contact Number(s):

Secondary person to contact in emergency and contact Number(s):

Do you take medications routinely? \_\_\_yes \_\_\_no If yes, list name of  
Medication

Please list any allergies to medications, foods, insect stings, etc

Any medical conditions we need to be aware of? \_\_\_yes \_\_\_no If yes,  
please explain \_\_\_\_\_

**Good Through January 2017**