

Hope Evangelical Community Church

HECC Emergency Medical Information and Authorization 2025

Please print

NOTIFY IN AN EMERGENCY:

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone () _____

Emergency Phone () _____

Date of Birth _____

Relationship _____

Have you ever been treated for any of the following? *If yes, check the box.*

- ☐ Heart disease
- ☐ Seizures
- ☐ High blood pressure
- ☐ Asthma
- ☐ Bronchitis
- ☐ Diabetes

Please provide additional information about any items (checked Yes) to left.

Date of last Tetanus booster _____
(month and year)

Please identify any physical impairments or limitations: _____

Please list any medications being taken: _____

Do you wear: (If yes, check the box.)

- ☐ Contacts
- ☐ Glasses
- ☐ Dental appliance

IN THE EVENT HOSPITALIZATION IS NEEDED, PLEASE FILL IN BELOW

Name of Insured: _____
(POLICY HOLDER)

MEDICAL / HOSPITAL INSURANCE COMPANY: _____

POLICY OR CERTIFICATE NUMBER: _____

EMPLOYER: _____ EMPLOYER'S GROUP: _____

NUMBER: _____ SUBSCRIBER'S DATE OF BIRTH: _____

Medical Treatment Authorization

_____ has my permission to participate in sanctioned activities of Hope Evangelical Community Church of Dartmouth, MA, provided he/she is properly supervised by authorized supervision. Such activities would include field trips, camp-outs, ball games, and any other normal activities that make take place.

I understand that all the necessary precautions have been taken for the safety of my child and that every effort will be made to contact me in the event of a medical emergency to seek permission for treatment. Should the physician deem necessary, I authorize hospitalization, anesthesia or injection of medication. I understand that Hope Evangelical Community Church will not take care of medical expenses incurred; they will be my responsibility as the parent/guardian.

I agree to notify Hope Evangelical Community Church in the event of any health changes that would restrict my child's participation in any of the normal activities of the group. I also understand that Hope Evangelical Community Church reserves the right to restrict my child/children from any activity that he does not feel is within the physical capabilities of my child.

Signature of parent/guardian _____ ***Date*** _____