

God is
Spoken
of Here.

Young People Who Care, Inc.

P.O. Box 129
Frenchville, PA 16836

Executive Board:

Sr. Therese Dush
Sr. Ruth Ann Madera
Sr. Suzanne Thibault
Sr. Karen Willenbring

Life Line

Clearfield (814) 765-3225
Philipsburg (814) 343-4761

Bethany Retreat Center

Adult (814) 263-4855
Youth (814) 263-4177

Marian House

(814) 765-5646
United Way Member

Advisory Board:

Alan Hannibal - President
Carol Baker - Vice Pres.
Rev. Philip Billotte
Dr. Ralph Cardamone
Attorney Timothy Durant
Patricia Miller
James Collins
Shari Collins
Kenneth Pasch
Kate Pasch

CONSENT FOR MEDICAL / SURGICAL CARE / EMERGENCY TREATMENT AND CHILD'S MEDICAL INFORMATION

In presenting my child _____ for diagnosis and treatment,
Child's Name Date of Birth

I _____ give my permission for them to receive medical treatment.
Parent/Guardian Name

I voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I have read this form and I certify that I understand its contents. I hereby give our (my) consent to

_____ or Young People Who Care, Inc Representative
(Name of Primary Adult Leader of Group) (Agency)

who will be caring for our (my) child _____
Child's Name

for the period of _____ to _____ to arrange for emergency
Date beginning Date ending

medical care and treatment necessary to preserve the health of my child.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Family Address: _____

Phone No.: Home _____ work _____ cell _____

Family Physician: _____ Pediatrician: _____

Health Insurance Carrier: _____ BIN # _____

Address _____ Phone # _____

Group Number: _____ Agreement Number _____

Child's Allergies: _____

Significant Medical Conditions _____

Child's Medications _____ Date of last tetanus booster _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Updated Jan 2012

Mission Statement

Young People Who Care, Inc. is a Catholic grassroots ministry. YPWC provides a wide, ecumenical circle of care among those who give and those who receive. Its members are committed to creating a holistic and nonjudgmental environment where the exchange of culture, education and training empower individuals and groups. While adapting to changing times and needs, prayer, hospitality, simplicity and service remain constant characteristics of Young People Who Care, Inc.

Email:

bethanyouthcenter@gmail.com

Website:

www.ypwcministries.org