

Emergency Contact and Medical Information

M F

Sex

Child's Name

Date of Birth

Parent's/ Guardian's Name

Parent's/ Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST, Zip Code

City, ST, Zip Code

Alternative Emergency Contacts

Primary Emergency Contact (not listed above)

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST, Zip Code

City, ST, Zip Code

Medical Information

Hospital/ Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/ Special Health Concerns

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedic for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/ guardian can be reached in case of an emergency.

Parent's/ Guardian's Signature

Date

I release Mountain Home Church of the Nazarene and individuals from liability in case of an accident during activities related to, as long as normal safety procedures have been taken.

Parent's/ Guardian's Signature

Date

Witness's Signature

Date