

Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

M F
Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

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Work Phone

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Home Phone

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Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

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Home Phone

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Work Phone

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Home Phone

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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 Considerations

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 paramedics 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 the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to participate in activities of Fellowship Alliance Church. I release Fellowship Alliance Church and individuals from liability in case of accident during activities related to Fellowship Alliance Church, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date



THE ALLIANCE
Living the Call together
MATTHEW 28:18-20TM