

Presbyterian Church of Palm Harbor Youth Ministry
EMERGENCY INFORMATION FORM 2016

EMERGENCY INFORMATION:

Student Name: _____

Address: _____

Primary Cell Number _____ Date of Birth: _____ Male/Female

PARENTS/GUARDIANS: EACH TO BE LISTED SEPARATELY:

Name Relationship _____

Address Home and Cell Phone _____

Employer Office Phone _____

Cell Phone or Other _____

Name Relationship _____

Address Home and Cell Phone _____

Employer Office Phone _____

Cell Phone or Other _____

IN THE EVENT PARENTS/GUARDIANS CANNOT BE REACHED, CHILD MAY BE RELEASED TO:

(Minimum of two contacts)

Name Relationship Daytime #s _____

Name Relationship Daytime #s _____

Name Relationship Daytime #s _____

Should none of the above contacts be available, I hereby authorize the administration of any treatment deemed necessary by the following:

Preferred Physician/phone: _____

In the event of a life-threatening emergency or unavailability of preferred doctors, I authorize another licensed physician and/or the transfer of my child to the following hospital or any hospital reasonably accessible:

Preferred Hospital: _____

This authorization does not cover major surgery unless the medical opinion of two licensed physicians, concurring the necessity for such surgery, is obtained prior to the performance of the surgery. All doctors should be alerted to the information on this form concerning my child's medical history (allergies, medications, physical impairments, etc.)

Parent/Guardian Signature _____ Date: _____

Form continued on reverse

REFUSAL OF CONSENT:

I DO NOT GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING TREATMENT, I WISH THE SCHOOL TO TAKE NO ACTION OR TO:

Date Parent/Guardian Signature

MEDICAL INFORMATION

It is the sole responsibility of the Parent/Guardian to provide accurate medical information and updates in writing. PLEASE

PROVIDE CLEAR AND LEGIBLE INFORMATION concerning the following, if applicable: Health, allergies, medication.

Copy of front and back of insurance card (s)

