

## Emergency Contact and Medical Information for a Child

_____		M    F	
Child's Name	Date of Birth	Sex	
_____			
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	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 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 release Markham Woods Church Adventurer Club and individuals from liability in case of accident during activities related to Markham Woods Church Adventurer Club, as long as normal safety procedures have been taken.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date of expiration of seal