

Emergency Contact and Medical Information for a Child

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>
	<p>M F Sex</p>
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>
<hr/> <p>() ()</p>	<hr/> <p>() ()</p>
<hr/> <p>Home Phone Cell Phone</p>	<hr/> <p>Home Phone Cell Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>

PARENT E-MAIL (for weekly e-mails): _____

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
<hr/> <p>() ()</p>	<hr/> <p>() ()</p>
<hr/> <p>Home Phone Cell Phone</p>	<hr/> <p>Home Phone Cell Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>

Medical Information

Hospital/Clinic Preference

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

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 go on field trips. I release First Assembly of God and individuals from liability in case of accident during activities related to First Assembly of God, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

I give permission to use my child's image and/or name in promotional material, such as newsletter, website or social media.

Parent's/Guardian's Signature

Date