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| --- |
| 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 |  | Cell Phone |  | Home Phone |  | Cell Phone |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, ST ZIP Code |  | City, ST ZIP Code |
|  |  |  |
| Alternative Emergency Contacts |
|  |
|  |  |  |
| Primary Emergency Contact |  | Secondary Emergency Contact |
|  |  |  |  |  |  |  |
| Home Phone |  | Cell 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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this Youth Ministry event that requires adult supervision and is off campus. As parent or legal guardian, I give permission for my child to go on field trips and I remain legally responsible for any personal actions taken by the above named participant. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend Mary Our Queen, its officers, directors, and agents; the Archdiocese of Omaha; chaperones or representatives associated with this event. In case of an emergency, I give permission for medical treatment to be sought for my child. I release Mary Our Queen and individuals from liability in case of accident during activities related to Mary Our Queen, as long as normal safety procedures have been taken. |
|  |  |  |
| Parent’s/Guardian’s Signature |  | Date |
|  |  |  |
| Witness Signature |  | Date |