CHURCH/SCHOOL EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION ☐ School ☐Church Date: ________________

Name: ____ Phone: ____________

Address: __________________________ City: ____________________ Zip: ____________

CONTACT PERSON

Name: __________________________ Phone: __________ Email: ____________________

CHILD'S INFORMATION

Name: __________________________ Date of birth: ____________ Grade level: __________

Address: __________________________ City: __________________State: _____ Zip: ________

Parent(s)/Guardian(s): ____

Person with whom child is living: ____

Person(s) to notify in case of an emergency:

Name: ___________________________ Phone 1: ________________ 2: ________________

Name: ___________________________ Phone 1: ________________ 2: ________________

Name: ___________________________ Phone 1: ________________ 2: ________________

Family physician: ______________________________________ Phone: ________________

Last tetanus immunization or booster date: ____

Allergies (food, drugs, insects, etc.): ____

Is child presently on any medications? ☐Yes ☐No If yes, please state below:

Name: __________________ Dosage: ______________ Reason for medication: ______________

Prescribing physician: ____ Phone: ______________

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child:

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INSURANCE INFORMATION:

Name of medical insurance company: ____

Group or identification number: ____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature: ____ Date: ______________

PLEASE UPDATE THIS FORM ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE EIY 09/17