

HEALTH AND EMERGENCY INFORMATION

PARISH _____

Activity / Event _____ Date of Event _____ Location _____

Participant's Name _____ Sex _____ Age _____ Grade _____

Street Address _____ Home Telephone _____

Apt # _____ City _____ State _____ Zip _____

Father's Name _____ Place of Employment _____

Work Phone _____ Mobile Telephone _____

Mother's Name _____ Place of Employment _____

Work Phone _____ Mobile Telephone _____

Persons who should be notified for child if parents cannot be reached:

Name _____ Telephone _____

Name _____ Telephone _____

Family Doctor's Name _____ Telephone _____

Family Dentist's Name _____ Telephone _____

Hospital Preference _____

Health Insurance Plan _____ Policy No. _____

Medical Information _____

Allergies: _____

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent/ parents or legal guardian of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any licensed member of the medical staff and emergency room staff, or a dentist licensed and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List restrictions: _____

Date _____ Signature of Father, Mother, or Legal Guardian _____

Address _____ City _____ State _____ Zip _____

MAKE ONE COPY OF COMPLETED FORM. FILE "COPY" AT PARISH. PLACE ORIGINAL IN HEALTH INFORMATION BINDER WHICH DRE OR YOUTH MINISTER SHALL MAINTAINED IN HER/HIS POSSESION FOR THE DURATION OF THE EVENT.