

Youth Emergency Information Form

Name of Youth: _____ Birth date: _____

Home Address: _____

Name (Father): _____ Home phone: _____
(or Guardian) Work phone: _____

Name (Mother): _____ Home phone: _____
Work phone: _____

Persons to contact if parent is unavailable (List Two)

1. _____ Telephone: _____

2. _____ Telephone: _____

Family Physician: _____ Telephone: _____
Address: _____

Insurance Company: _____ Policy # _____

Does your youth have any health problems/medicines and/or allergies (food as well) that we should know about? _____

If yes, list: _____

AUTHORIZATION FOR EMERGENCY TRANSPORTATION AND TREATMENT

I, Hereby authorize the Mount Joy Church of God personnel to transport _____

(Youth name)

to a physician's office or be transported by ambulance to a hospital for treatment in the event that emergency medical care is needed. Further, I authorize the designated physician and hospital professional staff to treat my son/daughter as they deem necessary in an emergency situation.

Every effort will be made to notify the parents first.

Signed: _____ Date: _____
(Parent or Guardian)