

# St. Joseph Church

## Medical and Emergency Information & Release

2017-2018

Family Name:

Home Phone:

Child's Name:

Date of Birth:

Father's Name:

Mother's Name:

Father's Cell:

Mother's Cell:

Parent/Guardian Signature:

Date:

In the event my child becomes ill, is injured or requires emergency medical attention of any kind, and I cannot be reached by telephone, I hereby authorize the program director/adult chaperone to make the necessary decisions concerning emergency treatment. I also give permission for my child to be transported to the nearest medial facility or hospital for treatment.

Parent/Guardian Signature:

Date:

### Emergency Contact

If a parent cannot be reached, please contact the emergency person listed below:

Contact Person:

Phone:

Relationship:

Date of child's last tetanus shot:

Does your child wear contacts ?

Family Physician:

Office Phone:

Insurance Company:

Policy Number &  
Group Number:

Allergies:

Is there any other health/physical information we should know about your child (ex. Asthma)?

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