

Emergency Contact and Medical Information for a Child

<hr/> Child's Name	<hr/> Date of Birth		M	F	
			Sex		
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name				
()	()	()	()		
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone		
<hr/> Address	<hr/> Address				
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code				

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
()	()
<hr/> Home Phone	<hr/> Home Phone
()	()
<hr/> Work Phone	<hr/> Work Phone
<hr/> Address	<hr/> Address
<hr/> City, ST ZIP Code	<hr/> 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.

X

<hr/> Parent's/Guardian's Signature	<hr/> Date
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I give permission for my child to participate all activities within the campus of the parish. I release Our Lady of Vietnam Catholic Church and individuals from liability in case of accident during activities related to Our Lady of Vietnam Catholic Church, as long as normal safety procedures have been taken.

X

<hr/> Parent's/Guardian's Signature	<hr/> Date
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<hr/> Witness Signature	<hr/> Date
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