

## Emergency Contact and Medical Information

<hr/> <p>Child's Name</p> <hr/> <p>Child's Cell Phone #</p> <hr/>	<hr/> <p>Date of Birth</p> <hr/> <p>Parent's/Guardian's Name</p> <hr/> <p>( ) ( ) Home Phone Cell Phone</p> <hr/> <p>Address</p> <hr/> <p>City, ST ZIP Code</p>
<hr/> <p>Parent's/Guardian's Name</p> <hr/> <p>( ) ( ) Home Phone Cell Phone</p> <hr/> <p>Address</p> <hr/> <p>City, ST ZIP Code</p>	<hr/> <p>Parent's/Guardian's Name</p> <hr/> <p>( ) ( ) Home Phone Cell Phone</p> <hr/> <p>Address</p> <hr/> <p>City, ST ZIP Code</p>

M F  
Sex

## Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p> <hr/> <p>( ) ( ) Home Phone Work Phone</p> <hr/> <p>Address</p> <hr/> <p>City, ST ZIP Code</p>	<hr/> <p>Secondary Emergency Contact</p> <hr/> <p>( ) ( ) Home Phone Work Phone</p> <hr/> <p>Address</p> <hr/> <p>City, ST ZIP Code</p>
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## Medical Information

<hr/> <p>Physician's Name</p> <hr/> <p>Insurance Company</p> <hr/>	<hr/> <p>Phone Number</p> <hr/> <p>Policy Number</p> <hr/>
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Allergies/Special Health Considerations/Medications (Specifics on the back please)

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.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
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I give permission for my child to go on field trips. I release New Hope Church of Christ and associated chaperones from liability in case of accident during church related activities.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
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I will follow all guidelines set forth by chaperones of the New Hope Church of Christ at all times while in their care. I will use my manners and act in a way befitting a Christian.

<hr/> <p>Child's Signature</p>	<hr/> <p>Date</p>
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