

Bethlehem Lutheran Church
Emergency Information and Medical Form
June 2009 – May 2010

(This form will be completed and updated annually)

Name: _____ Grade: _____

Address: _____ Phone: _____

City/State/Zip: _____ Cell Phone: _____

Name of parent/guardian: _____ Phone: _____

Parent/guardian address: _____ Cell Phone: _____

City/State/Zip: _____

Other emergency contact if parent/guardian cannot be reached:

Name: _____ Phone: _____

Relationship to youth: _____

Insurance Carrier: _____ Policy # _____

Responsible Party: _____ Group # _____

Physician's Name: _____ Phone # _____

Please list all known allergies:

Please list all known medications and purposes for that medication:

What do we need to know in order to provide the best care possible for your child/teen in the case of an emergency?

I, the undersigned, give permission to BLC representatives to seek and secure proper treatment for my child/teen in case of an emergency. I give permission for any treatment deemed necessary by a medical/dental professional in the best interest of my child/teen.

Signature: _____ Date: _____