Trinity's Emergency Information Form

To be Completed Annually

Please print the form, fill it out, then e-mail, or bring it to the parish office.

Name Group_____

Address_____

Mother/guardian Phone_____

Alternate Phone_____

Father/guardian Phone_____

Alternate Phone_____

Other Emergency Contact Phone_____

Alternate Phone_____

Family Doctor Phone_____

Family Dentist Phone_____

Health Insurer Group No._____

Policy Holder Name/Policy No._____

Food/drug allergies Prescription medications_____

_____

Date of last tetanus shot_____

Accommodations required_____

I understand that this emergency information will be made available to Trinity Episcopal Church to help ensure the safety of my child/youth at Trinity's sponsored events. To the best of my knowledge, this information is complete, accurate, and current.

_____ _____

(Parent/guardian signature) (Date)

Authorization for Emergency Medical Treatment

I am the parent/guardian of _____

(Name of child/youth)

Subject to the conditions set forth below, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Trinity Episcopal Church, Elkton, MD. Should a medical emergency arise during my child's participation in a Trinity sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at phone numbers listed on the reverse. If it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to:

1. The administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility identified below or chosen by the field trip sponsor; and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

_____ _____

(Parent/guardian signature) (Date)