

Presentation Religious Education
Emergency Contact Information 2016-2017
Please Print

Child's Name: _____ DOB: _____ Grade: _____

Medical condition, problems or food allergies for this child:

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Medical condition, problems or food allergies for this child:

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Medical condition, problems or food allergies for this child:

Contact Information

Name of person to notify in case of an emergency: _____

Relationship to child(ren): _____ Phone Number: _____

Where will this person be during Religious Education? _____ (please be specific)

Name of another responsible adult we may contact: _____

Relationship to child(ren): _____ Phone Number: _____

Where will this person be during Religious Education? _____ (please be specific)

Authorization of Consent for Treatment of a Minor

In the event of a serious emergency and none of the persons listed on this form can be contacted, I authorize Vacation Bible School volunteers to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and rendered under the general or supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

I understand that the Presentation Religious Education does not assume responsibility for payment of medical treatment.

I hereby agree to bear all costs incurred as a result of the foregoing.

Parent's Name: (Print) _____

Parent's Signature: _____ Date: _____

If your physician cannot be reached, the Religious Education Program may choose a physician:

Yes No

If "NO" is checked, indicate what is to be done in case of an accident or emergency:

Signature: _____ Relationship to Child: _____ Date: _____
