

Emergency Contact, Medical Information and Release Form for EMC Kids

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Cell Phone

Home Phone

Cell Phone

Email

Email

Address

Address

City

Postal Code

City

Postal Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

()

Home Phone

()

Work Phone

()

Home Phone

()

Work Phone

Address

Address

City

Postal Code

City

Postal Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Personal Health (CareCard) Number

Allergies/Special Health Considerations

I authorize Emmanuel Mennonite Church and individuals/volunteers to seek any medical and/or 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. I consent to my child being subject to Emmanuel's COVID-19 policies. **This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.**

Parent's/Guardian's Signature

Date

I release Emmanuel Mennonite Church and individuals/volunteers from liability in case of accident during activities related to Emmanuel Mennonite Church, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date