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**CHURCH/SCHOOL  
EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH**

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Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade level \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Phone \_\_\_\_\_

Person with whom child is living \_\_\_\_\_ Email \_\_\_\_\_

Church/School requesting form \_\_\_\_\_

***Person(s) to notify in case of an emergency:***

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Last tetanus immunization or booster date \_\_\_\_\_

Allergies (food, drugs, insects, etc.) \_\_\_\_\_

Is child presently on any medications?  Yes  No If yes, please state below:

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for medication \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Phone \_\_\_\_\_

***Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.***

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**Insurance information:**

Name of medical insurance company \_\_\_\_\_

Group or identification number \_\_\_\_\_

**I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN  
STUDENT/YOUTH FILE**

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