

HUMC Children/Youth EMERGENCY CARD INFORMATION

Child's Name: _____

Date of Birth: _____

Child's Home Address: _____

Phone: _____

Email: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____
(Name, Address, Phone #)

2. _____
(Name, Address, Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____
(Doctor's Name, Address, Phone #)

EMERGENCY CONTACT PERSON(S)

1. _____
(Name, Address, Phone #)

2. _____
(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give **Huntingtown United Methodist Church** permission to administer basic first aid and/or CPR to my child _____

(Name)

and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

(Parent Signature)

(Date)

Any allergies or special medical conditions:

Medical Insurance Information: Company Name _____

Policy # _____ Group # _____

Claim Phone # _____