



Emergency and Medical Information Form

Emergency Contact and Medical Information for Mentoring Students at (Include Church name, address and phone number)					
				M	F
Child's Name		Date of Birth		Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			
Alternate Emergency Contacts					
Primary Emergency Contact		Secondary Emergency Contact			
()	()	()	()		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
City, ST ZIP Code		City, ST ZIP Code			



Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

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I authorize all medical and 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. 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 (write name also)	Date

I give permission for my child to go on field trips. I release all Lutheran Hope Center – Ferguson tutors or support staff from liability in case of accident during activities related to the tutoring and mentoring program activities.

Parent's/Guardian's Signature	Date
Witness Signature	Date