

Beechwold Christian Church
2012 Emergency Medical Form

I hereby give _____ (Student's Name) permission to attend all officially scheduled activities of Beechwold Christian Church from today's date through December 31st 2012. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity, I hereby give my permission to the physician or dentist selected by activity leader or licensed emergency personnel to secure medical treatment and or hospitalize my child as deemed necessary for reasonable medical treatment. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Additionally, I am responsible for any addition balance that is not covered by my insurance provider. I understand all reasonable safety precautions will be taken at all times by Beechwold Christian Church and its staff and volunteers during all activities. I understand that possibility for unforeseen hazards and know the inherent possibility of risk. I agree not to hold Beechwold Christian Church its staff or volunteers liable for any damage to person or property.

Signature of Parent or Legal Guardian _____

Date: _____

Medical Information:

Current Medication _____

Allergies _____

Family Doctor _____ Phone _____

Dentist _____ Phone _____

Health Insurance Co. _____ Policy# _____

Address _____

Preferred Hospital _____

Legal Name of Son or Daughter _____

Date of Birth _____

Contact Info:

Father/Mother/Guardian: _____

Home Address: _____

Home Phone or Cell: _____

Secondary Emergency Contact Name: _____ Phone: _____