

# EMERGENCY MEDICAL INFORMATION & INFORMATION RELEASE CARD

**PLEASE PRINT NEATLY**

Full Student Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_

Student E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Street \_\_\_\_\_ Street (if different) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip (if different) \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Name/Phone: \_\_\_\_\_ Work Name/Phone: \_\_\_\_\_

**Emergency Contact should be a close relative or friend that we may contact in the event that you cannot be reached.**

**1<sup>st</sup> Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID # \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_ Group # \_\_\_\_\_

**Hospital Preference:** UVA or MJH **Family Doctor:** \_\_\_\_\_ **Medical Allergies:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_ **Prescription Medications:** \_\_\_\_\_

I, \_\_\_\_\_, as parent of \_\_\_\_\_, give permission to any ministry staff member or youth sponsor of Cherry Avenue Christian Church to seek medical treatment for my child/ward in the event of an emergency.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Parent or Legal Guardian)

**Signature:** \_\_\_\_\_  
(Parent or Legal Guardian)

**Date:** \_\_\_\_\_

