

# Madeira-Silverwood Presbyterian Church

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## Emergency Contact and Medical Information

_____		_____		Gender: M F
Child's Name		Date of Birth		
_____		_____		
Parent's/Guardian's Name		Parent's/Guardian's Name		
( ) _____	( ) _____	( ) _____	( ) _____	
Home Phone	Work /Cell Phone	Home Phone	Work /Cell Phone	
_____		_____		
Address		Address		
_____		_____		
City, ST ZIP Code		City, ST ZIP Code		

## Alternate Emergency Contacts

_____		_____		
Primary Emergency Contact		Secondary Emergency Contact		
( ) _____	( ) _____	( ) _____	( ) _____	
Home Phone	Work /Cell Phone	Home Phone	Work /Cell Phone	
_____		_____		
Address		Address		
_____		_____		
City, ST ZIP Code		City, ST ZIP Code		

## Medical Information

\_\_\_\_\_

Hospital/Clinic Preference

_____	_____
Physician's Name	Phone Number
_____	_____
Dentist's Name	Phone Number
_____	_____
Insurance Company	Policy Number

\_\_\_\_\_

Allergies (Including Food Allergies)/Special Health Considerations

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. All costs occurred are the responsibility of the parent/ guardian.

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