

Madeira-Silverwood Presbyterian Church

8000 Miami Avenue Cincinnati, Ohio 45243 • 513-791-4470 • mspc@madeirachurch.org

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