

# EMERGENCY INFORMATION FORM

<b><u>EMERGENCY CONSENT</u></b> <i>Minor child's Information</i>			<p style="text-align: center;">HEALTH INFORMATION:</p> <p>For the safety of your child please list any and all food/ drug allergies, chronic medical conditions, or any other health issues we should be aware of:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please list any special medications, blood type, or pertinent information the staff should be made aware of:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of last tetanus shot? ____/____/____</p>
Last Name	First Name	Middle Intl.	
Address	City	State	
Date of Birth: ____/____/____		Home Phone: _____	
Family Physician: _____		Phone #: _____	
Medical Insurance	Policy Number		

## UPRISING SUMMER CAMP 2009 EMERGENCY RELEASE **Parent/Guardian Information**

Last Name	First Name	Middle Initial
If other than natural parent please state relationship of child: _____		
Street Address	City	State
Home Phone		Zip
Home Phone		Work Phone
Cell Phone		
<p>I/We, the undersigned, parent(s)/person(s) having legal custody/legal guardianship of: _____ do hereby authorize the CLC Youth Ministries Uprising Youth Nurse: Agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at said hospital. It is understood that this authorization is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may in the exercise of his/her best judgment, deem advisable.</p> <p>I/We hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of the Family Code 6910 to surrender physical custody of such minor to my/our above-named agent(s) upon the completion of the treatment. This authorization is given pursuant to Health and Safety Code section 1283. These authorizations shall remain effective throughout the entirety of the camp unless sooner revoked in writing delivered to the CLC Youth Ministries Camp Nurse: _____</p>		
(signature of Parent, legal guardian or person(s) having legal custody)		(Date)
(If signed by someone other than parent please indicate relationship.)		