

ST. THERESA CHURCH EMERGENCY FORM

(This card needs to be completed every year)

(Last)	(First)	(Middle Initial)	Sex	Birthdate
(Last)	(First)	(Middle Initial)	Sex	Birthdate
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EMERGENCY CONTACT In case child listed above becomes ill or is injured at church and I cannot be contacted, the church authorities have my permission to contact and release my child to the custody of one of the following:

Name	Relationship	Phone
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_____	_____	_____
_____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for church authorities to take appropriate action for the safety and welfare of my child.

Parent's / Guardian Signature

Date

To assure prompt attention to your child, **PLEASE NOTIFY ST. THERESA CHURCH OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.**

My child has health insurance: yes no

If YES, check: QUEST/ Medicaid **OR** Private

HMSA Kaiser Tri-Care Other: _____

My child receives regular care for the following medical conditions (please check all that apply below)

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> A.D.D./A.D.H.D | <input type="checkbox"/> Autism | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cancer/ Leukemia | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Other: _____ | | | |

Date and type of last reaction: _____

Other Health Concerns: _____

Takes medications (LIST) _____