



464 ROUND HILL ROAD
 GREENWICH, CONNECTICUT 06831
 203-629-3876
 info@firstchurchofroundhill.org
 Corner of Round Hill & John Street

FIRST CHURCH OF ROUND HILL

STUDENT MINISTRIES EMERGENCY CARD

GENERAL INFORMATION

Student's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Parent's Email: _____

PLEASE LIST CONTACTS AND ORDER IN WHICH THEY SHOULD BE CALLED IN CASE OF ILLNESS OR EMERGENCY:

_____ Mother _____
 (Name) (Home Phone) (Cell Phone) (Work Phone) (Work Town)

_____ Father _____
 (Name) (Home Phone) (Cell Phone) (Work Phone) (Work Town)

_____ Friend _____
 (Name) (Home Phone) (Cell Phone) (Work Phone) (Work Town)

FAMILY PHYSICIAN

1st Choice: _____
 (Doctor's Name) (Practice) (Phone)

2nd Choice: _____
 (Doctor's Name) (Practice) (Phone)

Hospital Of Choice: _____ Stamford _____ Greenwich

Family Dentist _____
 (Doctor's Name) (Practice) (Phone)

INSURANCE INFORMATION

Company: _____ Insured's Name: _____

Policy Number: _____ ID Number: _____

INFORMATION FOR HEALTH CARE PROVIDERS IN CASE OF EMERGENCY.

PLEASE CHECK ALL THAT APPLY:

____ Yes ____ No Allergies: _____
(Please list all allergies) (Usual Treatment)

____ Yes ____ No Medications: _____
(Please list all) (Used For)

____ Yes ____ No Other Health Issues: _____

For pain or fever, I do / do not give my consent for treatment by use of acetaminophen (Tylenol).

EMERGENCY MEDICAL AUTHORIZATION:

1. I do / do not give my consent for the church to call a physician if the physicians I list cannot be reached.

2. If reasonable attempts to contact me or the other names listed have been unsuccessful:

____ **I do give my consent** or the administration of any emergency treatment necessary by the available medical personnel. This consent does not cover major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

-OR-

____ **I do not give my consent** for any emergency treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the church authorities to: _____

I accept full responsibility for any expenses for medical treatment for my child. I release First Church of Round Hill and its representatives from liability in the event of accidental injury or illness.

(Printed Name of Parent or Guardian)

(Date)

(Signature)