

CHRIST-ST. JOHN'S EMERGENCY CARD FOR 2009-2010

Child's Name _____ Birth date _____ Sex M F

Address _____ Home Phone _____

Father _____ Employer _____ Work Phone _____

Mother _____ Employer _____ Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Family Doctor _____ Doctor Phone _____

Hospital Preference _____

Family Dentist _____ Dentist Phone _____

Please give name, address and phone of an emergency contact in the event that you are unavailable and your child becomes ill.

Name _____ Home Phone _____

Address _____

Name _____ Home Phone _____

Address _____

My child has these special medical conditions:

In case of a medical emergency, I give permission for my child to be treated by a physician

_____ (parent signature)

Insurance Company & Number _____