

EMERGENCY CARD

Child's Name: _____ Birth date ____/____/____
Last First Middle Mo Day Yr

Home Address: _____
Number Street City Zip

Mother's Name: _____ Cell Phone: _____
Work Phone: _____

Father's Name: _____ Cell Phone: _____
Work Phone: _____

ADDITIONAL PERSONS WHO MAY BE CONTACTED IN CASE OF EMERGENCY

Name Phone Relationship to Child

- 1. _____
- 2. _____

Persons authorized to take child from facility.

1.	4.
2.	5.
3.	6.

Those not authorized to take child from facility.

1.	2.	3.
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Out of state family contact's name _____

Relationship to child _____ Primary phone _____

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

Name of Family Physician _____ Phone: _____

Name of Family Dentist _____ Phone: _____

Medications:

Allergies:

Date of Last Tetanus Shot: _____ Will you allow blood transfusions: _____

Pre-Existing Medical Problems:

I/We understand and agree to release, waive, indemnify, and hold harmless The First Evangelical Free Church of Fullerton (the "Church"), and its directors, officers, employees, agents, and representatives, with respect to any claims, costs, damages, losses, injuries, causes of action or liability based on or arising out of the participation of the above named participant (the "Participant") in the above described event (the "Event"). This release, waiver, and indemnity includes the Participant and the Participant's parents, guardians, heirs, successors, assigns, and estate.

I/We also authorize the duly authorized agents and representatives of the Church to render or obtain such emergency medical care or treatment as may be necessary for the Participant should any injury, harm, or accident occur to the Participant while participating in the Event.

I/We understand that there are risks associated with any medical procedure and, knowing these risks, I/we agree to assume the risks.

I/we further state and acknowledge that I/we are authorized to sign this Agreement, that I/we understand the terms herein are contractual and not a mere recital, that I/we have signed this document of my/our free act and volition, having read it carefully before signing it. A copy of this Agreement is as valid as an original.

I/We have executed this affirmation and release on the _____ day of _____.

Mo/Yr

Mother Signature: _____

Father Signature: _____

Emergency Instructions: In case of an emergency involving a community or school disaster, students will remain at school under supervision. If the school should be damaged, students will be transported (as a group) to a safe location. Individual students may be released to parents or others designated on the Emergency Card. When conditions in the community are safe, students will be released in the regular manner.

Released to: _____ Date: _____
(Signature to be signed ONLY at time of school emergency)

