

St. George's Emergency Information Form

To be Completed Annually

Please print the form, fill it out, then [e-mail](#), fax (703-522-6634), or bring it to the parish office.

Name _____ Group _____

Address _____

Mother/guardian _____ Phone _____

_____ Alternate Phone _____

Father/guardian _____ Phone _____

_____ Alternate Phone _____

Other Emergency Contact _____ Phone _____

_____ Alternate Phone _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Health Insurer _____ Group No. _____

Policy Holder Name _____ Policy No. _____

Food/drug allergies _____ Prescription medications _____

Date of last tetanus shot _____

Accommodations required _____

I understand that this emergency information will be made available to St. George's Episcopal Church to help ensure the safety of my child/youth at St. George's sponsored events. To the best of my knowledge, this information is complete, accurate, and current.

(Parent/guardian signature)

(Date)

(See other side for Authorization for Emergency Medical Treatment)

Authorization for Emergency Medical Treatment

I am the parent/guardian of _____

(Name of child/youth)

Subject to the conditions set forth below, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by St. George's Church, Arlington, VA.

Should a medical emergency arise during my child's participation in a St. George's sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at phone numbers listed on the reverse. If it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to:

1. The administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility identified below or chosen by the field trip sponsor; and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

(Parent/guardian signature)

(Date)