

St. John the Evangelist Youth Emergency Contact Form

This information must be completed by the Parent/Guardian and signed.
While your child is in our care, it is important that we have the following information:

Child Name: _____

Emergency Contacts (you must provide two contacts)

Name: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Name: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Special Needs Information

Is your child taking any medication? Yes No (circle one)

If yes, what medication and why: _____

Does your child have a health condition or disability that we should be aware of? Yes No (circle one)

If yes, please explain: _____

Does your child have a learning disability? Yes No (circle one)

If yes, please explain: _____

I give permission to St. John's to seek emergency care should my child be involved in any accident or be injured in any way. I understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician and medical personnel to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Parent/Guardian Signature **X**: _____ Date: _____

Child's Name: _____ Health Insurance Carrier: _____