

## EMERGENCY CARD

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Mo Day Yr

Home Address: \_\_\_\_\_  
Number Street City Zip

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### ADDITIONAL PERSONS WHO MAY BE CONTACTED IN CASE OF EMERGENCY

<u>Name</u>	<u>Phone</u>	<u>Relationship to Child</u>
1.		
2.		

Persons authorized to take the child from the facility.

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

Those NOT authorized to take the child from the 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 \_\_\_\_\_ of \_\_\_\_\_.  
Day Month/Year

Parent 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)