

Calvary Student Ministry Emergency Contact Information 2012

Student's Name: _____

Home Address: _____

City: _____ **Zip:** _____

Home Phone: (____) _____ **Student's Cell:** (____) _____

Parent/Guardian 1: _____

Cell: (____) _____ **Work:** (____) _____

Parent/Guardian 2: _____

Cell: (____) _____ **Work:** (____) _____

Alternate Contact 1: _____

Cell: (____) _____ **Work:** (____) _____

Alternate Contact 2: _____

Cell: (____) _____ **Work:** (____) _____

Primary Physician: _____ **Phone:** (____) _____

Preferred Pueblo Hospital: _____

Current Prescribed Medications (dose, frequency): _____

Allowed Non-prescription Medications: _____

By listing medications above, I give Calvary Church staff or volunteers permission to give the above listed student the given dose at the given frequency or to allow listed non-prescription medications to be given as seen fit by Calvary Church staff or volunteers without contacting a parent/guardian on each occasion.

INITIALS: _____

Allergies and Allowed Treatment: _____

Insurance Company: _____

Policy Holder's Name: _____

Policy and/or ID number: _____

(OVER)

Other information (including, but not limited to, disabilities that may hinder activity, adults not allowed to drive/pick-up student):

I, _____ PARENT/GAURDIAN OF _____

acknowledge that this information is true and correct to the best of my knowledge and may be used as a supplement resource to the CYM Release and Waiver of Liability Agreement (CYM Single Event Permission Slip). By listing contact information on this form, I give permission to Calvary Church and CYM staff and volunteers to use listed information as needed in the event listed parent(s)/guardian(s) may not be reached and to call for medical care for the listed student or to transport listed student to medical facility or hospital, if in the opinion of Calvary Church, medical care is needed. I authorize Calvary Church to use its wisdom in choosing the medical facility or hospital and understand that the listed preferred hospital may not be chosen. Further, I agree to pay all costs associated with such medical care and related transportation provided and shall indemnify and hold harmless Calvary Church of and from any such costs incurred therein. I understand that this information will be considered good for all events sponsored by CYM, held on or off of Calvary Church property, during the calendar year of 2011, including those which begin in 2012 and end in 2013, unless I, as the parent/guardian, revoke this form and replace it with a new one prior to the start of activity.

X _____ DATE SIGNED _____
PARENT/GUARDIAN SIGNATURE