**EMERGENCY CONTACT FORM**

Riverside church of Christ \* 3100 La Orilla Rd, NW \* Albuquerque, NM 87120 \* (505) 898-2627

Emergency Contact and Medical Information for a Child/Youth

(This form will be kept on file and must be updated annually or when required due to significant changes.)

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Child’s/Youth’s Name Date of Birth Sex

Parent’s/Guardian’s Name Parent’s/Guardian’s Name

Home Phone Work / Cell Phone Home Phone Work / Cell Phone Address Address

City, State Zip Code City, State Zip Code

Alternate Emergency Contacts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary Alternate Contact |  |  |  | Secondary Alternate Contact |
| Home Phone |  | Work / Cell Phone |  | Home Phone Work / Cell Phone |
| Address |  |  |  | Address |
| City, State Zip Code |  |  |  | City, State Zip Code |

Medical and Insurance Information

(Please provide a copy of insurance card.)

Hospital/Clinic Preference

Physician’s Name Phone Number

Insurance Company Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be per- formed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent’s/Guardian’s Signature Date

I release Riverside church of Christ and individuals from liability in case of accident during activities related to Riverside church of Christ, as long as normal safety procedures have been taken.

Parent’s/Guardian’s Signature Date

Witness Signature Date