

**BEECHWOLD CHRISTIAN CHURCH
2017 EMERGENCY MEDICAL FORM**

I hereby give _____ (Child's Name) permission to attend all officially scheduled activities of Beechwold Christian Church from today's date through December 31st 2017. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event they cannot be reached in an emergency during the activity, I hereby give my permission to the physician or dentist selected by the activity leader or licensed emergency medical personnel to secure medical treatment and or hospitalize my child as deemed necessary for reasonable medical treatment. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Additionally, I am responsible for any additional balance that is not covered by my insurance provider. I understand all reasonable safety precautions will be taken at all times by Beechwold Christian Church and its staff and volunteers during all activities. I understand the possibility for unforeseen hazards and know the inherent possibility of risk. I agree not to hold Beechwold Christian Church, its staff, or volunteers liable for any damage to person or property.

Signature of Parent or Legal Guardian _____

Date: _____

MEDICAL INFORMATION

Legal Name of Son or Daughter: _____

Date of Birth: _____

Current Medications: _____

Allergies: _____

Health Insurance Company: _____

Policy Number: _____

EMERGENCY CONTACT INFORMATION

Father/Mother/Guardian: _____

Home Address: _____

Best Contact Number: _____

Secondary Emergency Contact Name: _____

Best Number for Secondary Contact: _____