



Child/Youth Emergency Information

Please complete this form for infant through 12th grade. This is for use in an emergency, for on site or off site events. Please contact Education Administrative Assistant when you need to update this form. All forms are updated yearly.

Name _____ Birth Date ____/____/____ Sex ____ Age ____
First M.I. Last Mon. Day Year

Parent/Guardian _____ Cell (____) _____

Home Address _____ Phone (____) _____
Street number or Box City State Zip

Second Parent/Guardian or Emergency Contact _____ Cell (____) _____

Home Address _____ Phone(____) _____
Street number or Box City State Zip

If parents are not available in an emergency please notify:

Name _____ Relationship _____ Phone(____) _____

Health Information

I am current on all immunizations (*initial here*) _____

Allergies (*medications, foods, etc*) _____

Medications (*dosing instructions*) _____

Physical or Dietary Restrictions/Medical Conditions _____

Special needs information: _____

Name of family physician _____ Phone (____) _____ After Hours(____) _____

Hospital Preference _____

Insurance Information (*Please attach a copy of insurance card*)

Name of Medical/Hospital Insurance Carrier _____ Phone(____) _____

Address _____
Street number or Box City State Zip

Policy Number _____ Group Number _____

My child does not currently have health insurance

Emergency Authorization: In the event of an emergency, I hereby give permission to the physician selected by the First Presbyterian Church-Dallas adult in charge to hospitalize, secure proper treatment for, and to order injection and or anesthesia and /or surgery for the child/youth named above. I give my permission for this form to be photocopied and kept on file for on and off site events. I further authorize an FPC representative to receive and communicate necessary information regarding the medical status of my child/youth.

Signature _____ Date _____