

Foci MCGA Emergency Contact and Medical Information for a Child

_____		M F	
Child's Name	_____	Date of Birth	Sex
_____		_____	
Parent's/Guardian's Name		Parent's/Guardian's Name	
_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

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 performed 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 give permission for my child to go on field trips. I release Foci MCGA and individuals from liability in case of accident during activities related to Foci MCGA, as long as normal safety procedures have been taken.

_____	_____
Parent's/Guardian's Signature	Date

_____	_____
Witness Signature	Date