

**Bright Hope Community Church
Emergency Form**

HEALTH AND FAMILY DATA (Please print and fill out completely)

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

PARENTS/GUARDIANS

Name _____ Home Phone _____ Work/Cell Phone _____

Name _____ Home Phone _____ Work/Cell Phone _____

MEDICAL INFORMATION

Medical Insurance _____ Policy/Group No. _____ Phone _____

Family Dr. _____ Phone _____

Tetanus Shot? (date) _____ Drug Allergies or other Allergic Reactions _____

Regular Medications _____

Activity Medications _____

Recent Recurring, Chronic Illnesses or Injuries (with dates) _____

Special Needs _____

*If additional room is needed for any section please use reverse side.

Release Form: With the understanding that the adult leaders of this church have taken every reasonable precaution in preparing and planning every activity to ensure the safety of the above mentioned individual, I hereby release all leaders and Bright Hope Community Church (BHCC) from liability due to any accidents which may occur on or off church property.

Emergency Authorization: Should emergency treatment be necessary, I authorize the medical personnel selected by the designated BHCC leader(s) to order x-rays, routine tests, and treatment for my child, and in the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the leader(s) to hospitalize and to secure proper treatment for my child as named above. This form may be photocopied.

Signature of Parent/Guardian _____ Date _____