

**Christ Our King  
Alpha & Omega  
2008-2009 Emergency Information Sheet**

General Information:

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s) or Legal Guardian(s): \_\_\_\_\_

Emergency Phone Numbers:

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Cellular or other: \_\_\_\_\_

Medical Information:

Medication(s) currently using: \_\_\_\_\_

Allergies (especially medication or food): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance carrier for youth: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Year of last Tetanus shot: \_\_\_\_\_

Parental Consent:

I (Parent or Legal Guardian), \_\_\_\_\_, do hereby give my permission for my child, \_\_\_\_\_, to receive emergency medical care. I understand that the youth leaders will try diligently to contact me before my child is taken for emergency medical care, however in the event that I cannot be reached the youth leaders will take my child to the nearest hospital for any urgent care required.

In the event of a national emergency, I understand that the youth leaders will gather the youth participants and leave the site of the excursion in order to return promptly to Christ Our King, presuming it is safe and advisable to do so.

I have read and agree to the above statements:

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one:

My child is an:

Alpha (6<sup>th</sup> through 8<sup>th</sup> grades) \_\_\_\_\_ Omega (9<sup>th</sup> through 12<sup>th</sup> grades) \_\_\_\_\_