St. Bartholomew's Parish

MEDICAL EMERGENCY FORM

for 2010 - 2011

Please print neatly and return with Confirmation Registration to the Youth Ministry Office.

Family Name: _____

Child(ren)'s Names: _____

_____

_____

_____

_____

Address: _____
Street Town Zip Code

Phone (home): _____ (cell): _____ (work): _____

(cell): _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____

Phone (home): _____ (cell): _____ (work): _____

Family Doctor: _____ Phone #: _____

Family Health Carrier: _____ Policy #: _____

Parent/Guardian's Signature: _____

Date Signed: _____