

**Holy Martyrs Life Teen
August 2018– July 2019**

Emergency Contact and Medical Information

_____ Student's Name		_____ Date of Birth		M F Sex
_____ Mother's/Guardian's Name		_____ Father's/Guardian's Name		
_____ Home/Cell Phone	_____ Work Phone	_____ Home/Cell Phone	_____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home/Cell Phone	_____ Work Phone	_____ Home/Cell 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
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DECLINE TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take the following action:

_____ Parent's/Guardian's Signature	_____ Date
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