

MEDICAL INFORMATION

Volunteer's Name _____ Phone _____

Address _____

Mother's Cell _____ Father's Cell _____

Medical Emergencies

A. In case of an emergency, when neither parent can be reached, give a name of someone who will take responsibility for your teen.

Name _____

Phone (*Home*) _____ (*Cell*) _____

Address _____

City _____

Relationship to child _____

B. In case of medical emergency requiring immediate emergency care, I authorize the paramedics to take my child to the nearest hospital, if necessary.

Health insurance: Name _____ Number _____

C. FURTHER MEDICAL INFORMATION

Allergic reactions to medication _____

Any special medical circumstances _____

Parent's Signature _____ Date ____ / ____ / ____