

**Emergency Medical Information Form
First Church of Lombard, UCC**

Parents: Please fill out this information form for each minor child who is participating in First Church of Lombard activities. This form is valid for 12 months from the date signed. Please make sure to fill out a new form if your insurance changes. All forms will be stored in a secure area and will be shared with activity leaders as needed.

Student's Name _____ Date of Birth _____

Parent/Guardian Name(s) _____

Home Address (include city, state & zip) _____

Home phone _____ Cell phone _____

Emergency contacts (in case parent/guardian cannot be reached)

Name _____ Relationship _____

Home phone _____ Cell phone _____

Name _____ Relationship _____

Home phone _____ Cell phone _____

List information on allergies, medication and physical limitations (attach separate sheet if necessary):

Physician Name _____ Physician Phone _____

Physician Address (include city, state, & zip) _____

Affiliated Hospital(s) _____

Insurance Information (you may attach a copy of the front and back of your insurance card to this form):

Insurance Company _____ Insurance Phone _____

Account/Policy/ID # _____

Name of covered client _____

In the event that I, or the other emergency contacts cannot be reached in an emergency, I give my consent for First Church of Lombard, UCC, to arrange for emergency medical/dental care and treatment necessary to preserve the health of my child. I authorize the rendering of such care, by members of the hospital staff, as deemed necessary in their professional judgment.

Parent/Guardian Signature _____ Date _____