



LAKE COUNTRY LIFE TEEN

Emergency Medical Treatment Form

Please fill out an individual form for every student involved in high school ministries. These forms are stored separately from registration information and used only in case of emergency

Student Information:

Student's Name: _____ **Sex:** M F
First Last

Program: ___EDGE ___Life Teen ___Confirmation **D.O.B:** ___/___/___

Please list any allergies (especially any medication allergic to) and medications being taken:

Parent/Guardian Information:

Father's Name: _____
First Last

Mother's Name: _____
First Last

Father's Cell Number: _____ **Mother's Cell Number:** _____

Home Phone: _____

Emergency Contact Information:

Please provide an emergency contact, other than a parent, in the case that neither parent can be reached. Please Print Clearly.

Name: _____
First Last

Relationship to Family: _____ **Phone Number:** _____

Health Insurance Information:

Please provide all of the below information. Please Print Clearly.

Insurance Company: _____

Health Insurance #: _____
Please include Member ID and Group #

Emergency Treatment:

In the event of any emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Legal Guardian Signature: _____ Date: _____