

**The Holy Name of Jesus Parish**  
**Catechetical**  
**ANNUAL EMERGENCY CARD**  
(Please read and fill-out completely - Print neatly)

**CHILD INFORMATION**

LAST NAME \_\_\_\_\_ FIRSTNAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ SEX \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

**PARENT INFORMATION**

MOTHER'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
PHONE \_\_\_\_\_ IS IT OK TO CALL AT WORK? \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
PHONE \_\_\_\_\_ IS IT OK TO CALL AT WORK? \_\_\_\_\_  
DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**INSURANCE INFORMATION**

- Insurance: \_\_\_\_\_ Primary Member: \_\_\_\_\_ Group # \_\_\_\_\_
- Attach a copy (front and back) of your child's Insurance Card if applicable.
- In case of injury or related emergency, we authorize that medical aid may be administered to our child/teen by a person qualified to render such service, if deemed necessary by adult coordinator, staff and/or chaperon. We understand that any insurance benefits that are effective have limited application and we therefore have attached a copy of our health insurance card. By our signature we acknowledge and agree to all the above information outlined on this form.

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_  
Father's signature \_\_\_\_\_ Date \_\_\_\_\_

- YOUR CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY SUSTAINED WHILE YOUR CHILD WAS AT THE CHURCH SPONSORED ACTIVITY.
- In case of a natural disaster (such as: earthquake, flood), please SPECIFY ONE—THREE PEOPLE , you would allow your child/teen to be released to other than yourselves:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**IF YOUR CHILD SHOULD REQUIRE MEDICAL ATTENTION FOR INJURIES RECEIVED OR ILL-  
NESSES CONTRACTED PRIOR TO ACTIVITY, PLEASE SEND US THE NECESSARY INFOR-  
MATION TO GIVE HIM/HER PROPER MEDICAL CARE DURING HIS/HER TIME WITH THE  
YOUTH MINISTRY ACTIVITY.**

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**HEALTH HISTORY**

Any pre-existing or present medical conditions:

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Is your child on daily medication? YES / NO If so, list medication and dosage?

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**ALLERGIES**

\_\_\_\_\_ Hay Fever  
\_\_\_\_\_ Diabetes  
\_\_\_\_\_ Insect Stings  
\_\_\_\_\_ Frequent Stomach Upsets

\_\_\_\_\_ Heart Condition  
\_\_\_\_\_ Epilepsy/ Nervous Disorder  
\_\_\_\_\_ Asthma  
\_\_\_\_\_ Physical Handicap  
\_\_\_\_\_ Other

Is there anything that may cause an allergic reaction, like bee sting, penicillin, etc.? \_\_\_\_\_

List any major illnesses during the past year? \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Does the child wear Contact Lenses? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ No \_\_\_\_\_ Yes If so what? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ No \_\_\_\_\_ Yes If so what? \_\_\_\_\_

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**PARENT MEDICAL AND LIABILITY RELEASE STATEMENT**

I understand that in the event that medical intervention is necessary, every attempt will be made to immediately contact the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Sacred Heart Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold the Holy Name of Jesus, its leaders, employees and volunteers liable for damages. Losses, diseases, or injuries incurred by the subject of this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (if over 18 years of age)

\_\_\_\_\_  
Date