

**BUMC Emergency Medical Form for Children****Sept. 2017- Aug. 2018**\_\_\_\_\_  
Child's Name\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Grade LevelM F  
Gender\_\_\_\_\_  
Parent's/Guardian's Name\_\_\_\_\_  
Parent's/Guardian's Name\_\_\_\_\_  
Home Phone\_\_\_\_\_  
Cell Phone\_\_\_\_\_  
Home Phone\_\_\_\_\_  
Cell Phone\_\_\_\_\_  
Address\_\_\_\_\_  
Address\_\_\_\_\_  
City, ST ZIP Code\_\_\_\_\_  
City, ST ZIP Code\_\_\_\_\_  
Email:\_\_\_\_\_  
Email:**Alternative Emergency Contacts**\_\_\_\_\_  
Primary Emergency Contact\_\_\_\_\_  
Secondary Emergency Contact\_\_\_\_\_  
Home Phone\_\_\_\_\_  
Cell Phone\_\_\_\_\_  
Home Phone\_\_\_\_\_  
Cell Phone**Medical Information**\_\_\_\_\_  
Hospital/Clinic Preference\_\_\_\_\_  
Physician's Name\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Dentist's Name\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Insurance Company\_\_\_\_\_  
Policy Number\_\_\_\_\_  
Allergies/Special Health Considerations:**Photograph Release**\_\_\_\_\_  
I **authorize** Bethany UMC to publish my child's name and/or photograph on a website or in print media.\_\_\_\_\_  
I **deny authorization** to publish my child's name and/or photograph**Emergency Medical Release**

By signing below, 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