

Archdiocese of Portland Our Lady of the Lake Parish

Life Teen & Edge 2009 - 2010

Event : _____

Date(s): _____

Student/Youth Emergency Information and Procedure Form

Youth Last Name	Youth First Name	Home Phone
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Address _____ City _____ State _____ Zip _____

School Attending _____ Grade Level _____

Parent(s)/Guardian(s) _____

Person with whom youth is living _____

In case of illness, accident or emergency to the youth named above, the Archdiocese of Portland, and its representatives are authorized to proceed as indicated below. (**Thoroughly** complete the following information and **number** each item in the order of desired action you wish us to take).

No. ____ Contact _____ Day phone _____ Other phone _____

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No. ____ Contact Family Physician _____ Phone _____

No. ____ Take Youth to Nearest Emergency Hospital _____

No. ____ Other _____

Medical History/Information

Date of Birth _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Current medication (state name, dosage, reason, time, and physician) _____

Please note any injuries, recent surgery, prolonged illness, corrective lenses or special health problems that would help emergency personnel care for your child, or which may require special attention.

Please indicate any disabilities _____

Name of Medical Insurance Company _____

Group or ID Number _____

I authorize the Archdiocese of Portland and its representative to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date

Parent Email(s)

Youth Email