

Archdiocese of Portland Christ the King Parish

Confirmation 2017-2018

Student/Youth Emergency Information and Procedure Form

Youth Last Name	Youth First Name	Home Phone
-----------------	------------------	------------

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 _____
No. ___ Contact _____ Day phone _____ Other phone _____
No. ___ Contact _____ Day phone _____ Other phone _____
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