

# Archdiocese of Portland Christ the King Parish

## One Per Child

Family Faith Night (PreK-12 Faith Formation)  
Student/Youth Emergency Information and Procedure Form

Event: Family Faith Night On-Campus Events Only

Location: Christ the King- Milwaukie, OR

Date(s): September 1, 2017- August 31, 2018

|                 |                  |            |
|-----------------|------------------|------------|
| 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 \_\_\_\_\_

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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 give my permission for my child to participate in this on-campus event, which will be supervised by Archdiocese employees and volunteers. 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 \_\_\_\_\_

**This form to be kept on file for 3 years. On Campus Events Only**