

# Noroton Presbyterian Church Student Ministries Emergency Card

*Please Print*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
last first middle

Address \_\_\_\_\_ Parent E-mail (checked daily) \_\_\_\_\_

*Please list at least four and note 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> to contact in case of illness or emergency:*

\_\_\_\_ Mother \_\_\_\_\_  
name home phone cell phone work phone work town

\_\_\_\_ Father \_\_\_\_\_  
name home phone cell phone work phone work town

\_\_\_\_ Neighbor \_\_\_\_\_  
name home phone cell phone work phone work town

\_\_\_\_ Other \_\_\_\_\_  
name home phone cell phone work phone work town

Family Physician: (1<sup>st</sup> choice) \_\_\_\_\_ Hospital of Choice:  
name, practice phone \_\_\_\_\_  
(2<sup>nd</sup> choice) \_\_\_\_\_  
name, practice phone \_\_\_\_\_  
\_\_\_\_ Norwalk  
\_\_\_\_ Stamford

Family Dentist: \_\_\_\_\_  
name, practice phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

*Information for Health Care Providers in case of emergency: Please check all that apply.*

\_\_\_\_ No \_\_\_\_ Yes Allergies: \_\_\_\_\_ Usual treatment: \_\_\_\_\_

\_\_\_\_ No \_\_\_\_ Yes Medications: \_\_\_\_\_ Used for: \_\_\_\_\_

\_\_\_\_ No \_\_\_\_ Yes Other health issue(s): \_\_\_\_\_

For pain or fever, I  **do**  **do not** give my consent for treatment by use of acetaminophen (Tylenol).

## Emergency Medical Authorization:

1. I  **do**  **do not** give my consent for the church to call a physician if the physicians I list cannot be reached.

2. If reasonable attempts to contact me or the other names listed have been unsuccessful:

**I do give my consent** for the administration of any emergency treatment necessary by the available medical personnel. This consent does not cover major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

**-OR-**

**I do not give my consent** for any emergency treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the church authorities to: \_\_\_\_\_

I accept full responsibility for any expenses for medical treatment for my child. I release Noroton Presbyterian Church and its representatives from liability in the event of accidental injury or illness.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date