

**UrbanPromise Ministries
EMERGENCY MEDICAL FORM**

Student Name: _____ Student Home Phone _____

Mailing Address: _____ Height _____ Weight _____ DOB ____/____/____

To reach in case of emergency:

Parent/Guardian #1 First and Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian #2 First and Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

List two neighbors or nearby relatives who will assume temporary care of your child if above persons cannot be reached:

(Name) (Address) (Phone Number)

(Name) (Address) (PhoneNumber)

MEDICAL INSURANCE INFORMATION

Does your child have health insurance? **YES** **NO**

If YES, please provide the following information:

Insurance Provider (if applicable): _____ Policy/Group # _____

INSURANCE CARD

Name of parent/Guardian Primary Carrier: _____

WAIVER & RELEASE OF LIABILITY

In case of ordinary illness, parents/guardians are notified by phone. In cases of serious injury, or emergency, the parent/guardian will be notified as soon as possible by phone. When such communication should fail, or when delay will cause serious danger to the student, UrbanPromise Ministries Professional Staff shall have the authority to authorize any emergency medical or surgical procedure, and the use of anesthesia. UrbanPromise Ministries is not responsible for any medical costs incurred.

By signing, I agree that I accept the terms and conditions on this form.

(Parent/Guardian Signature)

(Date)