



Emergency Contact Information & Off-Campus Release

AUTHORIZATION OF CONSENT TO TREAT A MINOR: In the case of illness, injury or medical emergency, I authorize the staff and/or volunteers of St. Peter's United Methodist Church to render first aid and/or obtain any diagnostic, medical or surgical treatment necessary for the welfare of my child(ren). I further give permission for the information provided on this form to be shared with appropriate medical personnel. The attending provider, medical staff, St. Peter's United Methodist Church, St. Peter's staff and St. Peter's volunteers shall not be responsible for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ **Date:** _____

CHILD(REN) INFORMATION

Child (1): _____ **Birthdate:** _____ **Age:** _____

Allergies: _____

Medical Conditions: _____

Child (2): _____ **Birthdate:** _____ **Age:** _____

Allergies: _____

Medical Conditions: _____

Child (3): _____ **Birthdate:** _____ **Age:** _____

Allergies: _____

Medical Conditions: _____

Child (4): _____ **Birthdate:** _____ **Age:** _____

Allergies: _____

Medical Conditions: _____

Continued on back...

For STP Staff Use Only: _____ Kingsland Campus _____ West Campus

CONTACT INFORMATION:

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

OTHER EMERGENCY CONTACT:

Name: _____

Phone Number: _____

Relation to Child: _____

PHYSICIAN INFORMATION

Physician's Name: _____ Phone Number: _____

Street Address: _____

City, State, Zip: _____

***INSURANCE INFORMATION:**

Insurance Company: _____

Insurance Phone Number: _____

Name of Insured: _____ DOB of Insured: _____

Policy #: _____ Group #: _____

**You may also attach a front/back copy of your insurance card*

For STP Staff Use Only: _____ Kingsland Campus _____ West Campus