

PARKERSBURG BROADWAY CHURCH OF THE NAZARENE
901 BROADWAY AVE, PARKERSBURG, WV 26101

2012 EMERGENCY MEDICAL INFORMATION

CHILD'S NAME _____
Last First Middle

BIRTH DATE _____ SEX _____ AGE _____ GRADE _____

ADDRESS _____
Street/RR City State Zip

MAILING ADDRESS _____

(If Different)
HOME PHONE _____ CELL PHONE/PAGER _____

FATHER/GUARDIAN NAME _____

WORK PHONE _____ CELL PHONE/PAGER _____

MOTHER/GUARDIAN NAME _____

WORK PHONE _____ CELL PHONE/PAGER _____

CHILD LIVES WITH: BOTH PARENTS _____ FATHER _____ MOTHER _____
OTHER _____

(Please explain and give name of person other than parent.)

OTHER LOCAL CONTACT

NAME _____ RELATIONSHIP _____

PHONE/CELL/PAGER _____

PHYSICIAN'S NAME _____ PHYSICIAN'S PHONE _____

INSURANCE COMPANY _____

HEALTH CONCERNS (allergies, etc.) _____

We, the undersigned parents/guardian of _____ a minor,
do hereby authorize Broadway Church of the Nazarene as our agent to consent to any emergency
medical treatment in our absence.

The parents agree to hold harmless the person appointed and the physician providing treatment from
and against any and all loss, damage, expense, and costs of any kind arising out of or in connection
with that person's or physician's acting in reliance upon the authorization set herein, with the exception
of actions which amount to gross negligence. The physician shall not be relieved on the basis of this
authorization from liability for negligence in the diagnosis and treatment of a minor.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____