

Emergency Medical Information Card

Child's Name: _____

Age: _____ Birth Date: _____

Nickname or Name Child is to be Called: _____ Sex: M F

Child's Residence: _____
 Street Apt. No. City Zip

Home Phone Number: _____

Child live with both parents: yes no

If you answered "no" to above question, please note full name of parent or guardian with whom the child resides:

Mother's Name _____

Cell No. _____

Place of Employment: _____

Business No. _____

Employment Address: _____

Home Address & Phone (if same as child - write "same"):

Home No. _____

Father's Name _____

Cell No. _____

Place of Employment: _____

Business No. _____

Employment Address: _____

Home Address & Phone (if same as child - write "same"):

Home No. _____

Emergency Medical Information Card

Today's Date _____ **Date of Birth** _____

Please fill in all of the following information required for van/bus trips.

1. Name of child _____

2. Medical Release (needed by hospital and E.M.S. crews)

Should the child become ill during the time he/she is in the care of TBK, or suffer an accident of any nature, TBK will undertake to contact the parent immediately. **TBK is authorized to secure such medical attention and care for the child as may be necessary.**

The parent shall assume responsibility for payment.

_____ parent's signature _____ parent's printed name

3. Note any allergies: _____

4. Special medical conditions, needs & health history: _____

5. Current prescribed medications taken daily for chronic conditions: _____

6. Doctor _____ **Phone #** _____

7. Mother's work # _____ **Home #** _____

Work name/address _____

8. Father's work # _____ **Home #** _____

Work name/address _____

*** Ambulance crew determines hospital destination. Thankful Baptist Church's primary hospital is Well Star Kennestone of Marietta**

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Thankful Baptist Church of Kennesaw

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