

College Hill Presbyterian Church
5742 Hamilton Avenue - Cincinnati, OH 45224
Phone# 513-541-5676 - Fax# 513-541-1575

Expiration Date May 31, 2010

EMERGENCY MEDICAL INFORMATION

(Required for all participants in CRASH Ministries)

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Use typewriter or pen. Please print legibly. Return completed form to above address.

Last Name: _____ First Name _____

Gender: Male Female (Circle one)

Address: _____

City: _____ State/ZIP: _____ / _____

Date of Birth: ____/____/____ Grade Sept. 2009: _____

Home Phone: _____ Work or Cell Phone: _____

Any medical problems or allergies: _____

Medication taken on a regular basis:

Name _____

Name _____

Any other medical information or surgeries we need to know about: _____

Date of last Tetanus Shot: ____/____/____

Parent/Guardian emergency phone number: _____

Emergency contact other than parent: _____ Phone No. _____

Primary Care Physician: _____ Phone No. _____

Insurance Carrier _____ Policy Number _____

Mailing Address: _____

Primary Care Dentist: _____ Phone No. _____

Insurance Carrier: _____ Policy Number _____

Mailing Address: _____

Subscriber's Name: _____

This form will NOT be accepted without a legal signature

Parent or Guardian's Name (Printed): _____

Signature _____ **Date:** _____

Release from Liability Agreement: In consideration of, and in recognition of the inherent risks of activities at College Hill Presbyterian Church, I hereby release and agree not to sue CHPC for any claims or demands, obligations and/or causes of action of any nature whatsoever on account of any personal injury, property damage, death or accident of any kind arising out of or in any way connected with CHPC facilities or programs.

Signature of Parent or Guardian _____ Date _____