

Emergency Contact Treatment and Waiver Form

Mid-Atlantic District Church of the Brethren District Conference

Your information will be provided to the volunteers working with your child(ren) at Brownsville Church of the Brethren during Mid-Atlantic District Conference.

Child's Name		Date of Birth		Grade	
Street Address		City		State	Zip Code
1 st Parent / Guardian's Name		2 nd Parent / Guardian Name			
Phone	Email	Phone	Email		
Alternative Emergency Contacts (other than Parents / Guardians)					
Primary Emergency Contact			Secondary Emergency Contact		
Phone	Email	Phone	Email		
Medical Information					
Physician's Name			Physician's Phone Number		
Allergies (foods, medications or other substances) – Write "None" if none					
Current Medications Taken Regularly					
Special Health Considerations (including when to administer EpiPen or inhaler, if applicable)					
Nursery Information					
Child's Name		Date of Birth	Description of Diaper Bag (please label with name)		
Other Important Information for Caregivers:					
Based upon my child's temperament, if my child becomes upset and is crying, while in the nursery, I would prefer:					
<input type="checkbox"/> To be contacted immediately to come to the nursery. <input type="checkbox"/> Allow nursery staff to try and comfort my child, and use their best judgment as to whether I should be contacted during the conference.					

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent / Guardian

Date