GOOD NEWS GATHERING
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Hillsboro, Ohio 45133
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STUDENT EMERGENCY DATA FORM

Participant Last Name **First Name** **MI**

_____Male _____ Female Date of Birth: _____

Address

City *State* *Zip Code*

Mother or Guardian *Home Address*

Home Phone *Cell Phone*

Business Name *Business Address* *Business Phone*

Father or Guardian

Home Phone *Cell Phone*

Business Name *Business Address* *Business Phone*

If we cannot contact parent, name a fried or relative who may be called in case of an emergency:

Friend or Relative *Address* *Phone*

Medications being taken/Allergies/Physical Impairments:

Hospital Insurance: _____ Yes _____ No

Insurance Information:

_____

Policy No. *Policy in name of* *Insurance Co.*

CONSENT TO PARTICIPATE

The undersigned does hereby give our (my) child, _____,
(participant's name)
permission/consent to attend and participate in activities sponsored by Good News Gathering on

_____.
(date)

The undersigned does hereby give permission for my child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Good News Gathering.

MEDICAL CONSENT

We (I) authorize an adult, in whose care a minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of a physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

_____	_____
Father	*Participant*
_____	_____
Date	*Date*
_____	_____
Mother	*Legal Guardian*
_____	_____
Date	*Date*