

WOODLAND HILLS COMMUNITY CHURCH EMERGENCY AND IDENTIFICATION INFORMATION

I. Family Information

Child's Last Name _____, First _____ Birth date ____ / ____ / ____
Address _____ City _____ Zip Code _____
Home Phone () _____ Email _____
Mother's Name _____ Business Phone () _____
Address _____ City _____ Zip Code _____
Father's Name _____ Business Phone () _____
Address _____ City _____ Zip Code _____
Mother's pager/cell phone () _____ Father's pager/cell phone () _____
Mother's E-Mail _____ Father's E-Mail _____

II. Names of persons authorized to take child from the facility. (This child will not be permitted to leave with any other person without written consent from parent or guardian.)

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Physician to be called in an emergency

Name _____ Phone () _____
Address _____ City _____ Zip Code _____
If physician cannot be reached, what action should be taken? _____

IV. Health Insurance Carrier _____ Policy # _____

V. Allergies or other Medical Limitations _____.

VI. AUTHORIZATION CONSENTING TO TREATMENT OF MINOR

I (we), undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize the Director of WHCC Youth Ministry or his/her authorized representative, as agent(s) for the undersigned, to consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under the provisions of the California Medicine Practice Act on the Medical Staff of a licensed hospital, whether such examination, diagnosis or treatment is rendered at the office of said physician or at such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain effective until the end of the current school year.

Signature of Parent of Guardian _____ Date _____

WOODLAND HILLS COMMUNITY CHURCH
(United Church of Christ)
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