

**Mt. Pleasant Lutheran Church Emergency Card**

I authorize the pastor, youth director, youth group chaperone and/or other responsible adults to authorize any physicians or medical personnel at any medical facility or first aid station to provide any necessary medical care for my child as may be deemed necessary in the event of an emergency.

\_\_\_\_\_  
(Signature of Parent or Guardian)

***Child's Information***

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

***Parent/Guardian Information***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell or Other \_\_\_\_\_

***Emergency Information***

Alternate Emergency Names and Phone Numbers

1. \_\_\_\_\_

2. \_\_\_\_\_

Physician's name \_\_\_\_\_ phone \_\_\_\_\_

Please list any allergies or special medical problems your child may have.

\_\_\_\_\_  
\_\_\_\_\_

May we give your child Acetamethaphin (Tylenol) or Ibuprofen (Advil) ? \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group/Policy No. \_\_\_\_\_