

# TEEN EMERGENCY FORM

Please complete and return to your program leader at the start of program.



Program Name: \_\_\_\_\_

Program Dates: \_\_\_\_\_

## PERSONAL INFORMATION

Participant's NAME:  Birthday:

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ PC: \_\_\_\_\_

### Parent/Guardian Emergency Contact #1

### Parent/Guardian Emergency Contact #2

NAME:	<input type="text"/>
PHONE HOME:	<input type="text"/>
PHONE CELL:	<input type="text"/>
PHONE WORK:	<input type="text"/>
EMAIL:	<input type="text"/>

NAME:	<input type="text"/>
PHONE HOME:	<input type="text"/>
PHONE CELL:	<input type="text"/>
PHONE WORK:	<input type="text"/>
EMAIL:	<input type="text"/>

PARTICIPANT'S Medical Doctor:	<input type="text"/>
PARTICIPANT'S Dentist:	<input type="text"/>
PARTICIPANT'S Medical Number:	<input type="text"/>

Phone #:	<input type="text"/>
Phone #:	<input type="text"/>

## HEALTH & SPECIAL CONSIDERATIONS

Are there any special considerations of which we should be aware?  
(Please Explain) \_\_\_\_\_  
\_\_\_\_\_

## FIELD TRIPS

By signing below, you are also giving your permission for your child to join us on fieldtrips.

SIGNATURE OF PARENT/GUARDIAN:  DATE:

## PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) to be used in future JdF promotional material.

SIGNATURE OF PARENT/GUARDIAN:  DATE:

## EMERGENCIES

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN:  DATE:

Submit Form