

Church History Temple Tour

EMERGENCY DATA SHEET

This form must be completed and mailed with your registration fee.

Minor's Last Name	First	M.I.	DOB (Mo/Day/Year)	
Parent's Name				
Home Address	City	State	Zip	Home Phone
Email Address				
Employer				Work Phone
Insurance Carrier Name and Address				
Policy No.				
Notify in Emergency				Relationship
Emergency Contact Address	City	State	Zip	Phone
Family Physician				Phone
Allergies				Last Tetanus
Medication Being Used (Include dosage/frequency)				
Present State of Health				

AUTHORIZATION FOR TREATMENT OF MINOR

I, the undersigned parent or legal guardian of _____, a minor, do hereby authorize the medical provider selected by the Church History Temple Tour, Inc. to administer emergency and non-emergency treatment to my child for any accident or illness. In the event I cannot be reached, I hereby authorize Church History Temple Tour, Inc. to act in my stead in approving necessary medical care. This authorization shall cover this Church History Temple Tour and travel to and from this tour.

_____ Date

_____ Signature of Parent/Guardian

Please return this form to:

CHTT
364 Spyglass Circle
Idaho Falls, ID 83401

Phone: (503) 330-2508

Email: templetour24@gmail.com