

**FAMILIES EMBRACING ELEMENTS OF TEACHING(FEET)
MEMBERSHIP/EMERGENCY MEDICAL FORM**

Last Name: _____ Husband's first name: _____ Wife: _____

Address: _____

Phone: _____ EMail _____

Contact person in case of non-medical emergency (when you are unavailable.)

Name: _____ Telephone: _____

The following licensed physician is authorized to give emergency care to my child(ren):

Physician's name	Telephone
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Address	City	State	Zip
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In the event that this physician cannot be reached, I give permission for any licensed physician to provide emergency medical care for my child(ren.)

Hospital preference	Telephone
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Name of Insurance Co.	Contract #	Group #
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In the event that I am unavailable, any board member has permission to call an ambulance to transport my child(ren) to the nearest medical facility for emergency care. I will assume financial responsibility for any expenses incurred.

Child's full name	Birth date	Date of Last DTP/Tetanus Shot
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Please list any special medical conditions, long term medications, and allergies that each child has:

We have read through the **FEET Bylaws, program description, parental responsibilities, and admission procedures**(in the FEET Handbook at www.FEETCOOP.org) and agree to adhere to them to the best of our ability. We further agree to assume all financial responsibility or any medical and/or legal expenses incurred while participating in any F.E.E.T. activities.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____