

**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
------------------	-----------

Address	City	State	Zip
---------	------	-------	-----

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
---------------------	-----------

Name of Insurance Co.	Contract #	Group #
-----------------------	------------	---------

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

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](http://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: \_\_\_\_\_