

**Abington Quarterly Meeting
Junior Friends Conference and Middle School Friends Conference
Registration Form 2010
St. Mary's Hospital
Newtown, Pa.**

I hereby give permission to the Emergency Room at St. Mary's Hospital to treat my
son/daughter _____ while at the Abington Quarter Youth Program

(Junior Friends Conference or Middle School Friends Conference) at The George School, from June
20, 2010 to June 25, 2010.

I understand that in case of major significance such as fracture, an appendectomy, or any illness or
injury requiring admission, that additional forms will be necessary for treatment and that the hospital will
make every attempt to reach me.

Finally, I understand, in cases of acute emergency when the hospital personnel have attempted to
notify me and are unable to reach me, that this permission form will suffice for treatment until such time
as I am able to be reached.

Parent Signature

date

Health Insurance Company: _____

Policy #: _____

Name of Policy Holder: _____

His/her address: _____

His/her employer: _____

Child's Physician: _____ Physician Phone: _____

Date of child's last tetanus shot: _____