

COMMUNITY UNITED METHODIST CHURCH YOUTH EMERGENCY FORM

Youth Name:	Birth Date:
Address:	Phone:
City, State, Zip:	
Father:	Phone:
Mother:	Phone:

LIST TWO PEOPLE TO CALL IN AN EMERGENCY IF YOU CANNOT BE REACHED

Name:	Relation:
Address:	Phone:
City, State, Zip:	
Name:	Relation:
Address:	Phone:
City, State, Zip:	

THIS INFORMATION WILL ONLY BE DISCLOSED TO A HOSPITAL DURING AN EMERGENCY

Doctor:	Phone:
Insurance Company:	
Policy #:	Phone:
Allergies/Medical Condition:	
Medication(s) currently taking: (Include Dosage)	

I UNDERSTAND THAT MY CHILD WILL BE PARTICIPATING IN ACTIVITIES BOTH AT THE CHURCH AND AT OTHER LOCATIONS, AND I SUPPORT THESE ACTIVITIES WITH MY PRAYERS.

In the event of illness and/or injury incurred by my child, I authorize the Youth Director and/or the Youth Counselors and/or parents of the Community United Methodist Church youth program to consent to emergency treatment or care of my youth and to execute any documents in my name, place, and stead to accomplish this purpose. However, the administrators of the CUMC youth program shall first make all reasonable efforts to inform me of such illness or injury and obtain instructions relative to the care and treatment of said minor youth. As necessary, such care or treatment shall be provided by a rescue squad or at the nearest hospital. I give up the right to hold CUMC, adult leaders, or the other youth accountable for any accidental occurrence.

Parent or Guardian Signature

Date

The youth counselor in charge has my permission to administer the following:

- _____ Tylenol or non-aspirin pain reliever
- _____ Medication the youth is currently taking