

EMERGENCY MEDICAL CONTACT INFORMATION FOR CHILDREN/YOUTH ACTIVITIES

Child/Youth Name: _____
(First) (M.I.) (Last)

Date of Birth: _____ **Home Phone:** _____ **Cell Phone** _____

Address: _____
Street City State Zip

Parent(s) or Custodial Adult(s):

1) Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

2) Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Additional Emergency Contact:

Name: _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Primary Treating Physician:

Name _____ Phone _____ City/State _____

Special Health Concerns and Allergies (including prohibited foods and medications):

PARTICIPATION RELEASE AND MEDICAL AUTHORIZATION FOR CHILD/YOUTH ACTIVITIES

Permission to Participate, Waiver of Liability, and Indemnity Agreement

I/we hereby permit _____(child/youth’s name) to participate in the activities of the St. James United Methodist Church (SJUMC), both on the church premises and elsewhere. In consideration of the opportunity to participate in these activities, I/we release SJUMC, its officers, agents, employees, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from such participation; and I/we agree to indemnify and forever hold harmless the SJUMC, its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities or resulting from traveling to or from such activities, including loss or injury resulting from negligence or gross negligence. This permission, waiver, and agreement shall take effect on _____(date) and remain in effect unless and until I/we revoke it in writing.

x _____ x _____
Signature of Parent/Custodial Adult Signature of Parent/Custodial Adult

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____(child/youth’s name), I/we give permission for St. James United Methodist Church, its officers, agents, employees, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we can be reached, and I/we agree to be financially responsible for such care. I/we further understand and agree that it is my/our responsibility to update our child/youth’s medical and insurance information as changes occur.

x _____ x _____
Signature of Parent/Custodial Adult Signature of Parent/Custodial Adult

Date: _____ Copy of Insurance card provided: _____ Yes _____ No
Medical Insurance Company: _____ Policy/Group No. _____
Participant (Insured) Name: _____
Participant I.D. Number _____ Medical Insurance Phone No. _____

Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our child/youth to travel, for activities authorized by SJUMC, in a vehicle operated or occupied by at least one adult, age 21 or older.

x _____ x _____
Signature of Parent/Custodial Adult Signature of Parent/Custodial Adult

Permission to Publish Photographs

I/we understand that my/our child/youth may be photographed while participating in the activities of SJUMC. I hereby grant permission for the publication or utilization of such photos in media authorized by SJUMC.

x _____ x _____
Signature of Parent/Custodial Adult Signature of Parent/Custodial Adult