

**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):**

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**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