

**Ypsilanti First United Methodist Church
Emergency Contact and Medical Information for Children & Youth**

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Child's Name

Date of Birth

Gender

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

Work/Cell Phone

Home Phone

Work/Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact / Relationship to Child

Secondary Emergency Contact / Relationship to Child

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Home Phone

Work/Cell Phone

Home Phone

Work/Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies / Chronic Health Issues / Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency.

I give permission for my child to participate in activities at First United Methodist Church. I release the church and individuals from liability in case of accident during activities related to First UMC, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date