

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

Child's Name _____ Date of Birth _____ Gender M F

Parent's/Guardian's Name _____
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Home Phone _____ Work/Cell Phone _____

Address _____
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 _____