

**Christ Church United Methodist**  
**Authorization for Emergency Medical Care 2021-2022**

Youth's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade as of 9/01/2021 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Main Contact Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Close Relative/Friend \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies requiring special attention

\_\_\_\_\_

\_\_\_\_\_

Any restrictions that should be observed? \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus \_\_\_\_\_

Prescriptions taken on a regular basis

\_\_\_\_\_

Name Insurance is under \_\_\_\_\_ His/Her Bday \_\_\_\_\_

Health Insurance Group \_\_\_\_\_

Group Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_

I hereby grant permission for my child to participate in all activities of Christ Church United Methodist.

I hereby grant permission for my child to leave the church premises under the supervision of an authorized adult for church related activities.

I hereby waive any claim against Christ Church United Methodist, The Woodlands, Texas.

**I hereby grant permission for the Minister, Staff Person, Acting Director, or authorized counselor to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: 1. Attempt to contact parents/guardians through the numbers listed on this form 2. If we cannot contact you, we will do any or all of the following: a. Call paramedics b. Call an ambulance c. Have the child taken to an emergency hospital in the company of a staff member 3. Any expenses incurred under item number 2 will be borne by the child's family. 4. The church will not be responsible for anything that may happen as a result of false information given at the time of registration.**

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_