

Christ Church Methodist
Authorization for Emergency Medical Care 2024-25

Youth's Name _____

Date of Birth _____ Grade as of 9/01/2024 _____

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 _____