

**ST. PETER'S UNITED CHURCH OF CHRIST
PERMISSION, HEALTH, & EMERGENCY CONTACT INFORMATION**

We must have this form in order for your child/youth to participate in activities sponsored by St. Peter's UCC, Carmel, Indiana.

Event Title _____

Event Location _____

Event Date(s) _____

My child/youth _____ is permitted to participate in this activity sponsored by St. Peter's UCC, Carmel, including being transported in a private vehicle. I will hold St. Peter's UCC its staff and any volunteers harmless in case of injury or illness. I understand that my child/youth's insurance is the primary source of injury or illness coverage.

I (we), the undersigned parents(s) or guardian(s) of the above listed minor, do hereby authorize adult volunteers/staff of St. Peter's United Church of Christ, Carmel, as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by physicians or surgeons licensed under the provisions of the Medical Practice Act on the medical staff of any hospital.

Parent/guardian Name (Print) _____

Parent/guardian Signature _____

Address _____

Contact Phone # _____ Additional # _____

Persons to contact in case of emergency, other than person listed above:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

INSURANCE INFORAMTION

Insurance Provider _____ Account Number _____

Contact Phone Number _____

HEALTH INFORMATION

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Date of Last Tetanus Shot _____ Date of Birth _____

**Normal procedure will be to try to contact the parents/guardian first in all situations.*

1. Please list any recent illnesses:

2. Does he/she have any allergies to medications, any food allergies or restrictions?

3. Is he/she on medication of any kind? Yes ___ No ___

If yes, describe type and dosage:

** Please speak to group leader if your child/youth will need to be taking any medications while in our care. For the safety of all participants, prescription AND nonprescription medications must be given to the group leader.*

4. Please list any special instructions we should know about your child/youth.