

**First Unitarian Universalist Church of Columbus
Children's and Youth Programs**

Child/Youth Name _____

Blanket Field Trip/Activity Permission and Emergency Medical Authorization Form 2019-2020

This form serves as a permission slip for ALL activities from 7/01/19 through 9/30/20. Attach a copy of both sides of your health insurance card. Inform the church of any changes in the information and authorization as they occur and prior to each activity or trip. Please Print Legibly.

Contact Information

Birthdate

Address

Parent/Guardian (1)

Home Phone

Cell Phone

Work Phone

Parent/Guardian (2)

Home Phone

Cell Phone

Work Phone

Other Responsible Adult Relationship

Home Phone

Cell Phone

Work Phone

Medical Information

Food Allergies

Medicine Allergies

Insect Allergies

Other Allergies

Is an Epi-Pen required? Yes No

Current Medications & Doses

Health Concerns

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Children's and Youth Programs**

Child/Youth Name _____

I hereby grant my permission for my child to participate in activities and trips during the 2019-2020 RE year. I release The First Unitarian Universalist Church of Columbus, its board, employees and volunteers from any and all liability of any kind which may arise during or relating to the activity or trip.

Signature of Parent or Legal Guardian Date

Consent to Emergency Treatment

I give my consent for the emergency medical treatment of my child. I give my consent for all information in this form to be provided to those providing treatment. In the event of illness or injury requiring emergency treatment, I wish for church authorities and volunteers to make reasonable attempts to contact all emergency numbers listed above. In the even that no parent or guardian listed can be reached, I hereby give my consent for the administration of any treatment deemed necessary by:

Preferred Physician Phone

Preferred Dentist Phone

Preferred Specialist Phone

- In the event the designated preferred practitioners are not available, by another licensed physician or dentist and the transfer of the child to:

Preferred Hospital, Or any hospital reasonably accessible.

***This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.**

Signature of Parent or Legal Guardian Date

- Refusal to Consent to Emergency Treatment: I do not give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish church authorities and volunteers to TAKE NO ACTION or to:

Signature of Parent or Legal Guardian Date