

GLENDALE UNITED METHODIST CHURCH

13550 Glendale Road
Savage, Minnesota 55378

Telephone (952) 894-5394
Fax (952)-894-3770

glendalechurch@msn.com
www.glendalechurchumc.org

GROUP or ACTIVITY: _____

Emergency Contact and Medical Information

Youth's Name

Date of Birth

Grade

M F
Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Ph #

Cell Ph #/Work #

Home Ph #

Cell Ph #/Work #

Home Address

Home Address

City, St Zip Code

City, St Zip Code

Parent's Email Address

Preferred Method of Contact for General Purposes _____

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Ph #

Cell Ph #/Work #

Home Ph #

Cell Ph #/Work #

Home Address

Home Address

City, St, Zip Code

City, St, Zip Code

Relation to Youth

Relation to Youth

In the event I/we cannot be reached to make arrangements for emergency medical attention I/we authorize the designated event supervisor to administer or authorize the administration of emergency medical treatment in case of illness or injury to the minor named above.

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone #

Medical Insurance Coverage

Group/Policy No

Allergies/Special Health Considerations

The undersigned does hereby give permission for our (my) child to attend and participate in the ministries of Glendale United Methodist Church (GUMC).

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff or a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Furthermore, we (I) do hereby release, forever discharge and agree to hold harmless GUMC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any activity with Aftershock.

Furthermore, authorization and permission is hereby given to said church to furnish any necessary food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Should it be necessary for our (my) child to return home due to medical reasons, discipline action or otherwise the undersigned shall assume all transportation cost.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by GUMC.

MEDIA RELEASE

Should you object to a photograph or other electronic image of your child on the GUMC website or newsletter please check the box below.

I object to the use of a photograph or other electronic image of my child as described in the paragraph above.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date