

UNITY CHURCH YOUTH EMERGENCY FORM (Ver 2007-08a)

Student's Name _____

Address _____ Student Cell: _____

Mother's Phone No.: Home _____ Work _____

Father's Phone No.: Home _____ Work _____

Mom's Cell: _____ Dad's Cell: _____

Parent e-mail: _____ Student e-mail: _____

Emergency Medical Authorization

In the event of an emergency, if parents/guardians cannot be reached at phone numbers listed, please contact:

Name	Phone No.	Relationship
------	-----------	--------------

1.

2.

3.

Insurance Carrier: _____ Policy Number: _____

This department does not provide insurance for participants. You must have insurance coverage for your child before enrollment in activities is granted.

Preferred Pediatrician:

Name _____ Phone No. _____

Preferred Dentist:

Name _____ Phone No. _____

Or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Please list anything else we should know about your child (medical problems, allergies, medications currently taken, etc.)

We the undersigned, do hereby consent to our registrant's participation in Unity Church's youth program. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed by Unity Church, I/we do further release its agents, employees and volunteers from any and all claim or liability to us for any damages or injuries which may be sustained by said registrant in connection therewith.

Parent's Signature _____ Date _____

Parent's Name (please print) _____