

LIABILITY RELEASE AND EMERGENCY MEDICAL CONSENT FORM

NAME OF YOUTH: _____

I, _____ as the parent/guardian of the above named youth, give my permission for him/her to attend the Youth Activity — Date of Activity — Location of Activity, and to travel to and from the event with appointed chaperones. I hereby release the leaders of this event, St. Paul's United Church of Christ, the Southeast Association of the Wisconsin Conference United Church of Christ, the Wisconsin Conference of the United Church of Christ, and any individuals from, or in connection with, these organizations from any claim brought by anyone arising out of this retreat. Further, in the event of accident or injury, **I AUTHORIZE IMMEDIATE EMERGENCY MEDICAL SERVICES DEEMED NECESSARY FOR MY CHILD NAMED ABOVE, UNDERSTANDING THAT ALL ATTEMPTS WILL BE MADE TO CONTACT ME, AND/OR ANOTHER PARENT OR GUARDIAN OF THIS YOUTH PARTICIPANT, SHOULD HOSPITALIZATION OR MEDICAL TREATMENT BE REQUIRED.**

EMERGENCY TREATMENT INFORMATION:

Insurance Company or Health Care Plan: _____
Employer Providing Insurance (or Self): _____
Group/Plan or Policy Number: _____
Youth Participant's Birth Date: _____
Medical Conditions and/or Allergies: _____
Prescription and Non-Prescription Drugs Presently being taken: _____

EMERGENCY ADULT CONTACTS:

(1) Parent/Guardian Name(s): _____ Home Phone: _____
Address: _____ Work Phone: _____
_____ Mobile Phone: _____
(2) Alternative Contact Person: _____ Home Phone: _____
Relationship to the Youth Participant: _____ Work/Mobile Phone: _____

BEHAVIORAL CONCERNS: Please list any behavioral concerns and/or limitations regarding this youth, as well as any special behavioral strategies used when relating to him/her:

I understand that any behavior unbecoming of Christian youth is grounds for the restriction of participation and/or return of my child to my home, and that if my child is caught with cigarettes, illegal drugs, and/or alcohol, the police may be called and that my child will be sent home.

I HAVE FILLED OUT THIS FORM TO THE BEST OF MY ABILITY, AND I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Parent/Guardian Signature: _____ Date: _____