

First UU Church of Richmond

Emergency Contact and Medical Information for Children and Youth

(Must complete one for each child)



Child Info:

Name: _____

Date of Birth: _____

Age: _____ M or F Grade: _____

Allergies/Dietary Restrictions/Health Alerts: _____

Parent Info:

Parent #1 _____ M or F Custodial Parent? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone Number To Contact You: _____

Email Address: _____

Parent #2 _____ M or F Custodial Parent? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone Number To Contact You: _____

Email Address: _____

Emergency Contacts (non-parental):

Contact #1: _____ Contact #1: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone Number: _____ Phone Number: _____

Medical Information

Hospital/Clinic Preference: _____

Physician: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Allergies/Health Considerations: _____

(cont'd on back)

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(cont'd from front)

Medical Authorization

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature: _____

Field Trip Authorization

I give permission for my child to go on field trips with the understanding that I will be notified of and consent to my child's participation in each field trip. I release First Unitarian Universalist Church of Richmond and individuals participating in the field trips from liability in case of accident during the trips and related activities as long as normal safety procedures have been taken.

Parent/Guardian Signature: _____

Witness Signature: _____

Photo Release and Permission to leave the Church Grounds.

I hereby give permission for my child(ren) listed above to participate in the Sunday Morning Religious Education program sponsored by the First Unitarian Universalist Church of Richmond. I understand that children will be involved in physical activity and may occasionally leave the church grounds to adjacent parks with adequate supervision.

I give permission for my child's photo to appear in church publication with the understanding that her/his full name will not appear with the photo. yes no

Parent/Guardian Signature: _____

Questions/Comments? Contact Pat Owen, Director of Membership at powen@richmondUU.org.