

# Unity Hill Youth Group

Unity Hill UCC

364 White Plains Road

Trumbull, CT 06611

## Health and Emergency Contact Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

In case of an emergency during a meeting or outing, I may be reached at:

1<sup>st</sup> number to call: \_\_\_\_\_ 2<sup>nd</sup> number to call: \_\_\_\_\_

If I cannot be reached, notify: \_\_\_\_\_

Relationship to youth : \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Past medical Unity Hill UCC leaders should be aware of (i.e., asthma, diabetes etc.), or any disabilities to be taken into consideration: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Allergies (please describe reaction accordingly):

Food(s): \_\_\_\_\_

Penicillin or Other Drug(s) (Name): \_\_\_\_\_

Insect Stings/Bites: \_\_\_\_\_

Poison Sumac, Ivy, or Oak: \_\_\_\_\_

Previous Operations or Serious Illness: \_\_\_\_\_

Any Current Medication(s) List: \_\_\_\_\_

Special Diet or Foods to be Avoided: \_\_\_\_\_

(over)

Childhood Diseases: \_\_\_\_\_

**Permission for Treatment:**

My permission is granted for the representatives of the Unity Hill UCC Youth Group and other staff personnel or other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Unity Hill UCC from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored youth activity.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Dated: \_\_\_\_\_