

**The United Methodist Temple Student Ministry  
Authorization for Emergency Medical Care 2011-2012**

Student's Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School & Grade 2011/2012 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Main Contact E-mail \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
If different, Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Close Relative/Friend \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Allergies requiring special attention \_\_\_\_\_  
Any restrictions to be observed \_\_\_\_\_  
Date of last Tetanus \_\_\_\_\_  
Prescriptions taken on a regular basis \_\_\_\_\_  
\_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Name Insurance is under \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_ Group Number \_\_\_\_\_  
ID # \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_

**I hereby grant permission for my child to participate in all of the activities of the United Methodist Temple.**

**I hereby grant permission for my child to leave the church premises under supervision of an authorized adult for church related activities.**

**I hereby waive any claim against the United Methodist Temple, Port Arthur, Texas.**

**I hereby grant permission for the Minister, Staff Person, Acting Director, or authorized counselor to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:**

- 1. Attempt to contact parents/guardians through the numbers listed on this form.**
- 2. Attempt to contact the child's physician**
- 3. If we cannot contact your child's physician, we will do any of the following:**
  - Call another physician or paramedics**
  - Call an ambulance**
  - Have the child taken to an emergency hospital in the company of a staff member**
- 4. Any expenses incurred under item 3 will be borne by the family.**
- 5. The church will not be responsible for anything that may happen as a result of false information given at the time of registration.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date \_\_\_\_\_