

**EASTMINSTER PRESBYTERIAN CHURCH**  
**CHILDREN AND YOUTH EMERGENCY INFORMATION CONSENT FORM**  
Time Period: January 1 to December 31, 2021

Name of Participant: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ALTERNATE CONTACT:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.) CARRY EPI PEN? \_\_\_\_ YES \_\_\_\_ NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications this child is presently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all health restrictions, pre-existing or present medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

My child does not (I do not) currently have health insurance.

I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I/we cannot be reached or the alternate contact person cannot be reached in an emergency I/we hereby give my/our permission to the physician selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I/We understand that all safety precautions will be taken at all times by Eastminster Presbyterian and its ministry partners during all events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Eastminster Presbyterian, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by said child. Furthermore, I/We hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

**PARENT OR GUARDIAN'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_