

First United Methodist Church  
**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**  
**HEALTH FORM**  
806 Main Street - P.O. Box 52 - Sabetha, Kansas 66534

**Youth Information**

Date \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian - Emergency Information**

Father's/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Mother's/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_  
Relationship to Youth: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Health Information**

Food Allergies: \_\_\_\_\_  
Drug Allergies: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Last Tetanus Toxioid: \_\_\_\_\_

## Insurance Information

Health Insurance Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Primary Policy Holder: \_\_\_\_\_

Medical Assistance Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_

Program Number: \_\_\_\_\_

I, the undersigned, being over the age of 18, (or the parent or person legally authorized to act on behalf of the participant if under age 18) hereby authorize the First United Methodist Church, Sabetha, Kansas, and related program activities, the Director of Christian Education and/or the adult sponsors acting on behalf of the Church the right to provide, approve, see, and obtain medical assistance for me (my child, if under 18 years old). Further, I waive all claims of the Participant or anyone claiming through said Participant against the Church arising from said activities. I understand that this document has significant legal consequences, but I also believe that the Participant will benefit from the activities of the Church, and for that reason, and in consideration of said benefit, I choose to execute this Authorization and Waiver.

Participant's (or Parent's) Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

This authorization is valid for one year from date printed above, and will remain in force for any future activities sponsored by the First United Methodist Church in which the child participates within that year.