



YOUTH MEDICAL EMERGENCY TREATMENT AND ACTIVITIES CONSENT FORM

Youth's Name: _____ Birthdate: _____

Address: _____ Telephone: _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for youth who become ill or injured while under the Unitarian Universalist Church of Akron (UUCA) program authority, when parents or guardians cannot be reached, and to allow youth to participate in program activities while holding the UUCA harmless for injuries.

PART I OR PART II MUST BE COMPLETED.

PART I TO GRANT CONSENT

In the event reasonable attempts to contact _____ at _____ or _____
Parent/guardian's name phone number phone number

Or _____ at _____ have been unsuccessful, I hereby give my consent for:
Other parent/guardian/relative/friend phone number

1. The administration of any treatment deemed necessary by preferred doctor,

Dr. _____ at _____
phone number

or preferred Dentist, Dr. _____ at _____
phone number

Or, in the event the designated doctor or dentist is not available, by another licensed physician or dentist.

And

2. The transfer of the student to preferred hospital, _____
 or any other hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of another licensed physician or dentist agrees on the necessity for such surgery, and is obtained prior to the performance of such surgery.

Please provide facts concerning the youths medical history including allergies, medications being taken and any physical impainments to which we or a physician should be alerted:

CONDITION: _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

Please furnish the following information about your family's health/hospitalization insurance:

Name of Insurance Company: _____

Address of Insurance Company: _____

Subscriber Name: _____

Certificate/Policy Number: _____ Group # _____

Parent/Guardian Signature: _____ **Date:** _____

PART II – REFUSAL TO CONSENT

I do not give consent for emergency medical treatment of this student. In the event of illness or injury requiring emergency treatment, I wish the Unitarian Universalist Church of Akron staff to take no action or to:

Parent/Guardian Signature: _____ **Date:** _____

Sign this section only if you wish NO treatment

ACTIVITIES CONSENT

As the custodial parent/legal guardian of _____, I authorize and permit my child to participate in _____ at _____ on _____ as part of the youth programming of the Unitarian Universalist Church of Akron (UUCA). I hereby assume all risks and hazards incidental to participation in such programming. I hereby waive, release, absolve, indemnify and agree to hold harmless the UUCA, the staff, participants, sponsors and persons supervising or transporting, for cause of any injury to my child or myself.

I, or a designated adult, can be reached at the following number(s) in case of emergency:

Parent/Guardian Signature _____

Print Name _____

Designated Adult _____

Phone Number(s) _____