

**First Unitarian Universalist Church of Nashville**  
**Emergency Contact and Medical Information for Children and Youth**

Child's Name	Date of Birth	M    F Gender
Parent's/Guardian's Name	Parent's/Guardian's Name	
(    ) Home Phone	(    ) Work Phone	(    ) Work Phone
(    ) Cell Phone	(    ) Cell Phone	
Address	Address	
City, ST ZIP Code	City, ST ZIP Code	

**Alternative Emergency Contacts**

Primary Emergency Contact	Secondary Emergency Contact
(    ) Home Phone	(    ) Home Phone
(    ) Work Phone	(    ) Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

**Medical Information**

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips with the understanding that I will be notified of and consent to my child's participation in each field trip. I release First Unitarian Universalist Church of Nashville and individuals participating in the field trips from liability in case off accident during the trips and related activities as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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