

**Heritage Universalist Unitarian Church**

General Activity, Permission and Emergency Contact Form for High School Youth

Youth Name \_\_\_\_\_ High School Graduation Year \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's (or Guardian) Name \_\_\_\_\_  
Mother's Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_  
Mother's Email (H) \_\_\_\_\_  
(W) \_\_\_\_\_

Father's Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_  
Father's Email (H) \_\_\_\_\_  
(W) \_\_\_\_\_

Person's to call if parent(s) cannot be reached:  
Person 1. Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_  
Person 2. Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_  
Relationship to Youth 1. \_\_\_\_\_ 2. \_\_\_\_\_

Medical conditions/concerns \_\_\_\_\_  
Allergies: food/ medications/anesthetics \_\_\_\_\_  
Medications-Name \_\_\_\_\_ Purpose \_\_\_\_\_  
Medications-Name \_\_\_\_\_ Purpose \_\_\_\_\_  
Youth May Handle Own Medication \_\_\_\_\_ Prefer Adult to Hold \_\_\_\_\_  
Special dietary needs \_\_\_\_\_  
Please state which Hospital you would prefer if needed and possible.  
If youth's medical insurance excludes any health care facilities, please note that as well.

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_  
Insurance Co. Phone for validation if needed (\_\_\_\_) \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Specialist Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I Do\_\_\_\_, Do NOT\_\_\_\_ grant permission to the adult in charge to provide over the counter medication such as Tylenol /Advil / Tums, should my youth have such a need.

**Please turn paper over; read and sign the:  
PERMISSION / EMERGENCY CARE AUTHORIZATION / LIABILITY RELEASE**

**PERMISSION / EMERGENCY CARE AUTHORIZATION / LIABILITY RELEASE**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, ("daughter/son"), in consideration of the Heritage Universalist Unitarian Church (the "Church") allowing the use the facilities of the Church and/or providing adult chaperone(s) for events or activities in which my child will participate or attend, hereby grant permission for my daughter/son, \_\_\_\_\_, to participate in events or activities sponsored by the Church and/or events or activities sanctioned by the Church taking place at or sponsored by other UUA Churches (collectively, "events or activities"). In the event that an emergency should arise while my daughter/son is participating in any of the aforementioned events or activities sponsored by Heritage Universalist Unitarian Church, I hereby grant my permission to the adult(s)/chaperones in charge to take whatever steps they deemed necessary to provide for and insure the safety and well-being of my daughter/son, including but not limited to contacting professional medical care provider(s) for the purpose of obtaining medical care for my daughter/son. I understand every effort will be made to contact me; however, if that is unsuccessful, I authorize whatever medical care said adult(s) and/or professional medical care provider(s) deem necessary; said permission, I hereby grant in advance. I agree to assume responsibility for all medical expenses. I understand that Heritage Universalist Unitarian Church, its staff, or volunteers assume no legal liability for the welfare of my son/daughter, and I hereby release them of such liability. I hereby release the Church from all liability incurred by, or which may be asserted against, the Church on account of any injury sustained by my daughter/son, including any injury or claim arising from the negligence or the alleged negligence of the Church. Further, I agree to indemnify and to hold harmless the Church for all claims asserted against the Church arising from any injury alleged to be sustained by my daughter/son while participating in events or activities for which my daughter/son has been allowed to use the facilities of the Church, and for all fees or other expenses incurred by the Church in defending or settling any such claim. I also release from liability and agree to indemnify and hold harmless, all as stated above, including for any claim of negligence, employees, ministerial staff, members, trustees and boards and committees of the Church, in addition to the Church. I understand that the Church is relying upon this release and agreement to indemnify in allowing my daughter/son to use the facilities of the Church and participate in events or activities. I also understand and agree that this release and agreement to indemnify will be applied and interpreted using the law of the state of Ohio. I agree that this consent, release and agreement shall remain in effect until my daughter/son becomes 18 years of age, unless sooner revoked in writing and delivered to the Youth Minister or his/her designee. I agree to contact the Church if any of this information requires updating. This consent may be photocopied, with photocopies authorized to be equally valid as the original. I understand that these forms may copied and provided to the adult in charge for each event or activity.

\_\_\_\_\_  
Date Signed

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

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Date Signed

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Parent or Legal Guardian Signature