

THE UNITARIAN UNIVERSALIST CHURCH OF THE LEHIGH
VALLEY
EMERGENCY CONTACT INFORMATION FORM

I hereby give my son/daughter _____ permission to attend events that are sponsored by the UUCLV. I understand that I will be informed of each individual event.

In the event of an emergency, I hereby grant permission to the chaperones to make a decision in the best interest of my child and have provided the following contact information to be used in the event of an emergency.

Primary Contact: _____ Alternate: _____

Address: _____

Phone: _____

Cell: _____

Please indicate any allergies or medication the child may be on of which the chaperones should be aware in the event of an emergency:

Allergies: _____ Medication: _____

Medical Conditions: _____

Insurance Information Provider: _____

Policy Number: _____

Group Number: _____

Please indicate whether you agree to the provision of emergency first aid or treatment:

_____ No, please contact me first _____ Yes, administer Emergency Care First

If there are any persons to whom your child should not be relinquished to at, during or after the event, please list them below and provide any necessary documentation that accompanies this request (PFA, Custody Order, etc.)

I _____ hereby state that all of the above information is correct to the best of my knowledge and that any care necessary will be in the hands and at the discretion of the chaperones within whom I place the trust and safety of my child. I relinquish the right to seek legal recourse or financial retribution for the decisions made pertaining to emergency medication attention by the chaperones and who I trust will act in accord to the best of their ability and knowledge towards the well being and safety of my child.

Parent Signature: _____ Date: _____