

**JOINT YOUTH MINISTRY**  
**A ministry of the United Methodist Church Medical Emergency Form**

Student Name \_\_\_\_\_ Student Birth date: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Please Print

Signature

Cell #

Parent/Guardian: \_\_\_\_\_

Please print

Signature

Cell #

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier/Plan Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

Please list any allergies or special needs that your student has including mental health conditions, learning disorders etc : \_\_\_\_\_

*If parents or guardians cannot be reached in an emergency, please contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ 2nd phone number: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR & LIABILITY RELEASE**

(I),(WE), the undersigned, parents/guardians of \_\_\_\_\_, a minor, do hereby authorize any adult acting on behalf of the Joint Youth Ministry of **Almaden Hills United Methodist Church, Cambrian Park United Methodist Church, and Willow Glen United Methodist Church**, as agent(s), for the undersigned to consent to any X-ray, examination, anesthetic, medical or surgical treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or another location. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s), especially in case of emergency, to give specific consent to any such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

In addition, the **Almaden Hills UMC, Cambrian Park UMC, and Willow Glen UMC**, shall be held harmless for injuries or damages except in situations involving negligence on the part of one of the named churches.

Parent/Guardians signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_