

**Mount Tamalpais United Methodist Church**  
**Special Needs Form (Allergies, Disabilities, and Other Health Concerns)**  
**2020-2021**

**Please complete one form per child.      Today's Date:** \_\_\_\_\_

Child's Name (First and Last): \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**Parent's Name (1):** \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Parent's Name (2):** \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Child's Health Issue:**

\_\_\_\_\_

**Procedure to follow in case of emergency (location of epi-pen, hospital of choice, etc):**

\_\_\_\_\_

**When an emergency happens related to your child's special needs condition, what helps him/her through it? What comfort measures can be taken?:**

\_\_\_\_\_

**Emergency Contact Person (other than parents):** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Comments (If any): \_\_\_\_\_

**List additional emergency contact names, phone numbers and email addresses (if applicable) on the back of this form.**

**"I give my permission for Mt. Tam Church, its staff and volunteers, to follow the emergency procedures I have outlined above, including calling 911 and/or bringing my child to the hospital as needed."**

**Parent's (or other caregiver's) Signature and Date:** \_\_\_\_\_

This information is collected solely for the purpose of being able to act accordingly were an emergency to occur during a church sponsored activity. It will not be shared outside the church leadership and will be kept in a safe and secure place in the church office. If you have any questions about this form, please contact Tricia Wiig at [triciawiig@mtumc.org](mailto:triciawiig@mtumc.org) or 415-388-4456.