

# YOUTH & ADULT EMERGENCY FORM

*(All Conference Attendees, including adults, should bring a paper copy of this form to the con.)*

Attendee's Name: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Parent(s)/Guardian(s) Phone # (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Please list any medications you are taking (and reason):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two people, other than parents, who we can contact in an emergency who can legally provide authorization for medical treatment.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please check one of the following and sign:

I Request Medical Treatment for my child without prior notification.

I Request NO Medical Treatment for my child without prior notification.

In the event of an emergency, I understand that the CON coordinators will try to contact me. If I am unable to be reached, the coordinators will do their best to ensure the safety and health of my child,

\_\_\_\_\_  
*(Insert youth's name)*

I do not hold the MidAmerica Region or Community Unitarian Universalists in Brighton liable in the event of an emergency.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_