Northwest United Methodist Church
Emergency Contact and Health Form

Please be sure to fill out both sides of this form, and return to Northwest UMC before your child participates in any children's or youth ministry activities. We must have this form on file for each child under the age of 18.

Northwest
UNITED METHODIST CHURCH

5200 Riverside Drive
Columbus, Ohio 43220
Phone: 614-451-2825
Fax: 614-451-8982

nwumc.com

Emergency Contact Information			
CHILD INFORMATION			
Last Name:	First Name:		MI:
Address:			
City:	State:	Zip:	
Home Phone:	Gender: M F	Date of Birth:	
PARENT/GUARDIAN INFORMATION			
Last:	**First:**	**Email:**	
Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Last:	**First:**	**Email:**	
Address:			
City:	State:	Zip:	
Home Phone:	Cell:		

I understand that photos, videos, and sound recordings may be taken at any Northwest UMC event. These pictures may be used, distributed, and displayed for church purposes. They may be used for audiovisual, web, or general education purposes. I understand that my child will not be identified by name or personal information by Northwest or its official representatives. I permit Northwest United Methodist Church to use my child's picture in this way.

Please initial either Yes or No: Yes: _____ No: _____

IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED, CONTACT THE FOLLOWING:	
Contact Name:	Relationship:
Home Phone:	Cell Phone:
Contact Name:	Relationship:
Home Phone:	Cell Phone:

HEALTH INFORMATION
List any allergies:

List any medical conditions:	
List any dietary restrictions:	
List any medications your child takes regularly: I understand that if my child needs medication at any NWUMC event, there is a separate form that must be completed. I understand that this applies to both prescription and over the counter medication. I also understand that my child is not allowed to keep their medication with them unless agreed upon with the leader of an event in the case of medications that need to be immediately accessible, such as Epi-Pens and inhalers. Parent Initials: _____	
Are there any physical activities your child should not participate in?	
Date of last Tetanus	Circle any that apply to your child: Glasses Contacts Braces
MEDICAL CARE INFORMATION	
Primary Care Physician:	Phone:
Dentist:	Phone:
Preferred Hospital	Phone:
In case of a life threatening injury or illness or necessity of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.	
Parent Name:	Date:
Parent Signature:	
RELEASE OF LIABILITY	
In consideration of my child's participation in a Northwest UMC event or outing, I, for myself and on behalf of my minor child and our executors, administrators and heirs, release and hold the Northwest United Methodist Church, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my child's participation in a United Methodist event or outing for injury to my child or his or her property or his or her death caused by the negligence of these entities and/or individuals.	
Parent Name:	Date:
Parent Signature:	

****Please turn this form in to Director of Family Ministries or Youth Ministry leaders along with a copy (front and back) of your health insurance card.**