

Church in _____

Emergency/Medical Authorization Form

_____ Home Phone _____
Print **Parent/Legal Guardian's** Name(s) Work Phone _____
Cell Phone _____
Pager _____

Emergency/Medical Information

_____ Print **Child's** Name Allergies, Conditions, Medications, Special Needs, etc.

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Insurance/Care Provider _____	Group/Medical # _____
Physician _____	Hospital _____
Address _____	Address _____
Phone _____	Phone _____

The following person(s) may be contacted in the event of an emergency or illness and may pick up my child(ren):

Name	Phone	Name	Phone
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I hereby authorize the responsible adult serving ones in the local church in which my child(ren) and I are members who are accompanying and chaperoning my child(ren) at the church-sponsored or church-organized camp, conference, event or activity in which my child(ren) are attending or participating in, to call an emergency ambulance or seek any medical care that they deem necessary in case of accident, injury or other emergency at their best discretion if I am not immediately available. I understand that every effort will be made to contact me before, during and after the emergency. I agree to HOLD HARMLESS AND INDEMNIFY the local church in which I am a member, Engedi Camp and Conference center, Southern California Young People, and any of the other affiliated local churches or church-affiliated organizations, members, serving ones, responsible adults, or volunteers present at the camps, conferences, events or activities referenced above, from any and all injuries, claims, damages, liability, costs and expenses including, but not limited to, attorneys' fees, litigation expenses, court costs, and all other sums which the persons and organizations referenced above may pay or become obligated to pay on account of any, all and every demand for claim or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the church-sponsored, church-organized, or church activities referenced above involving my children.

_____ Date _____ Signature of Parent or Legal Guardian