

**PEACE UCC YOUTH PROGRAM
EMERGENCY HEALTH & PHOTO RELEASE INFORMATION**

NAME _____ DOB _____ AGE _____

ADDRESS _____ PHONE # _____

CITY/STATE/ZIP _____ GRADE IN SCHOOL _____

Parent email _____ Child email _____

PARENTS NAMES & WORK NUMBERS (include extension #)

DAD _____ MOM _____
(Name) (Work #) (Name) (Work #)

EMERGENCY NUMBERS

NAME _____ PHONE # _____

RELATIONSHIP _____

INSURANCE INFORMATION

CARRIER _____ POLICY # _____
GROUP # _____

SPECIAL INFORMATION (allergies, medical alerts, current medication)

My son/daughter _____ has permission to participate in activities sponsored by Peace United Church of Christ from July 2009 through August 2010. In case of emergency, the adult in charge has authorization to seek any medical attention necessary. My son/daughter has permission to receive over the counter medication (pre-approved by you) as needed from the adult in charge.

PARENT SIGNATURE

DATE

PHOTO RELEASE

I/We grant Peace United Church of Christ of Rochester, MN, a United Church of Christ, permission to use photographs of my child in any official, educational or publicity pieces. These include (but are not limited to) news releases, publications, power point, bulletin boards, videos and website. Full name and other personal information such as address, telephone number, and email address will not be published.

PARENT SIGNATURE

DATE