

**Episcopal Diocese of West Missouri
YOUTH MINISTRY
Emergency Contact Information**

In the event of a medical or other emergency, it is important that we be able to reach you as quickly as possible. Please list emergency contact people, beginning with parents and legal guardians, in the order we should attempt to contact them, and all phone numbers where they might be reached.

All information contained on this form will be kept strictly confidential, and shared with adult volunteers and medical personnel only as necessary for safety.

<i>PARTICIPANT</i>	
Name:	Date of Birth:
Sex: M F	Social Security Number:
<i>EMERGENCY CONTACT INFORMATION</i>	
Name:	Phone # (home)
Relationship to Participant:	Phone # (work)
	Phone # (cell)
<i>IF PARENTS CANNOT BE REACHED</i>	
Emergency Contact 2:	Phone #:
Emergency Contact 3:	Phone #:

MEDICAL AID CONSENT FORM AND WAIVER

In the event my/our child becomes ill or is injured, I/we hereby give my/our consent to the bearer of this form to present it to competent medical, paramedical, hospital, or hospital emergency room personnel. I/we also give consent that my/our child receive such medical care and/or treatment as the bearer of this form and the above named healthcare personnel may find necessary as a result of any illness, accident or medical emergency. If after such treatment (if required) is administered, it is the opinion of any of the aforementioned healthcare personnel that said child does not require hospitalization; he/she may be released to the bearer of this form.

In consideration of allowing my/our child to attend and participate in the Bishop's Ball Event I/we on behalf of myself/ourselves and on behalf of said child do hereby release and discharge The Episcopal Diocese of West Missouri, its vestry, officers, ministers, staff, employees and agents, and anyone else connected with said church and the Bishop's Ball Event, of any and all known or unknown damages, injuries, losses, judgments and/or claims from any cause whatsoever that may arise in connection with my/our child's participation in said volunteer program. Further, I/we do hereby agree to indemnify and hold forever harmless The Episcopal Diocese of West Missouri, its vestry, officers, ministers, staff, employees and agents, and anyone else connected with said church and the Bishop's Ball Event against any loss, expense or judgment said church or he/she may suffer or incur as a result of any claim or action that may be made or brought by or on behalf of my/our child in connection with or arising out of or suffered during his/her participation in said volunteer program.

Parent(s): _____ Home Phone: _____

Home Address: _____ Work Phone: _____

