



YOUTH EMERGENCY INFORMATION 2020-2021

Brownson Memorial Presbyterian Church
330 South May St. ■ Southern Pines, NC 28387

Youth Name: _____ Sex: M F DOB: _____ Home Phone: _____
GRADE (2020-2021):: _____ School: _____
Address: _____ City: _____ Zip: _____
Youth Cell # or None: _____ Youth Email or None: _____

FAMILY INFORMATION

Parent/ Guardian's (1) Name: _____ Cell Number: _____
E-Mail Address: _____ Address (or same as above): _____
Parent/Guardian's (2) Name: _____ Cell Number: _____
E-Mail Address: _____ Address (or same as above): _____

In EMERGENCY, when above cannot be reached CALL >>> Name:

Relationship: _____ Phone: _____ Over the age of 18?(circle) YES NO
Address: _____ City: _____ State: _____ Zip: _____

ALT. EMERGENCY CONTACT >>> Name:

Relationship: _____ Phone: _____ Over the age of 18?(circle) YES NO
Address: _____ City: _____ State: _____ Zip: _____

HEALTHCARE INFORMATION

Physician Name: _____ Phone: _____
Medical Insurance Co. / Medicaid / Not Insured: _____
Group Number: _____ Policy Number: _____

MEDICAL INFORMATION

ALLERGIES: (Including Medications, Foods, Insect Bites, Asthma, etc.)

CARRY EPI PEN / INHALER? ___ YES ___ NO

MEDICATIONS: * Prescriptions in original labeled container. Parent/Guardian will notify adult leaders if minor will keep medicine/
device in their possession. or NONE

Please circle if youth has history with the following:

Hay Fever	Cancer	Fainting	Convulsions
Kidney Problems	Heart Disease	Lung Problems/Asthma	Diabetes
Blood Pressure	Ulcers	Other Illness:	

Other illness or health restrictions, pre-existing or present (attach additional page if needed) or NONE

Parent/Guardian Signature: _____

Date: _____



AUTHORIZATION AND RELEASE FORM 2020-2021

Name of Youth: _____

Name of Parent/Guardian: _____

I hereby grant authorization for my youth to participate in youth activities sponsored by Brownson Memorial Presbyterian Church (BMPC) from 07-01-2020 through 07-31-2021.

I grant authorization for my youth to leave church premises under the supervision of staff or volunteer youth leaders. I release BMPC, its chaperones and staff from liability for any accident that may occur during activities.

Medical Authorization

I grant authorization for any adult leaders/church staff to take whatever steps may be necessary to obtain such emergency medical care as may be deemed warranted. As soon as reasonable under the circumstances existing at the time, a youth leader/church staff person will:

1. Attempt to contact parent/guardian.
2. Attempt to contact alternate emergency contacts.
3. Attempt to contact child/youth's physician.
4. If the designated parent/guardian, alternate contact, or physician cannot be contacted after reasonable effort to do so, a youth leader/staff person is authorized to do the following, if such is deemed warranted by injuries or suspected injuries:
 - Call an ambulance
 - Have the minor taken to the emergency room by a BMPC youth leaders, church staff, or other responsible person designated by a youth leader/church staff.
 - Allow on-site emergency medical aid to be administered by a licensed physician or emergency medical personnel. Any expenses incurred in reasonable compliance with conditions set out above will be borne by the child/youth's family.

Use of Likeness

I hereby give my permission for my youth's photograph/likeness to be used by Brownson Memorial Presbyterian Church (BMPC). If you **do not**, please sign here: _____

Communications Agreement

In order to stay connected with your family, we want to make it as easy as possible to exchange timely and relevant information with you. We also want to make sure that we keep the channels of communication open and acceptable to you and your family.

Most communication will be through Constant Contact (group email) and group texts. We also post information through the BMPC Facebook Page and Youth Group Instagram. We do not use Snapchat or other social media. To maintain the strongest sense of integrity involving all interactions with children/youth, and in keeping with our Child/Youth/Vulnerable Adult Protection Policy, we need your permission to communicate directly with your child in certain situations where one-on-one communication may be required.

(Please initial)

_____ Yes, I give permission for the church and its representatives to have one-on-one communication (email, text, phone, message) with my child.

_____ Yes, I give permission for one-on-one communications, but I would like to be copied on all correspondence.

Please use this email _____ or cell number _____

_____ No, I prefer only group communications (texts, emails, etc) or through myself directly.

Parent/Guardian Signature: _____

Date: _____