



THE UNITARIAN UNIVERSALIST CHURCH OF THE LEHIGH  
VALLEY  
**EMERGENCY CONTACT INFORMATION FORM**

I hereby give my son/daughter \_\_\_\_\_ permission to attend events that are sponsored by the UUCLV. I understand that I will be informed of each individual event.

In the event of an emergency, I hereby grant permission to the chaperones to make a decision in the best interest of my child and have provided the following contact information to be used in the event of an emergency.

Primary Contact: \_\_\_\_\_ Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Please indicate any allergies or medication the child may be on of which the chaperones should be aware in the event of an emergency:

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Insurance Information Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Please indicate whether you agree to the provision of emergency first aid or treatment:

\_\_\_\_\_ No, please contact me first \_\_\_\_\_ Yes, administer Emergency Care First

If there are any persons to whom your child should not be relinquished to at, during or after the event, please list them below and provide any necessary documentation that accompanies this request (PFA, Custody Order, etc.)

\_\_\_\_\_

I \_\_\_\_\_ hereby state that all of the above information is correct to the best of my knowledge and that any care necessary will be in the hands and at the discretion of the chaperones within whom I place the trust and safety of my child. I relinquish the right to seek legal recourse or financial retribution for the decisions made pertaining to emergency medication attention by the chaperones and who I trust will act in accord to the best of their ability and knowledge towards the well being and safety of my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_