



**2018 Urban Youth Mission Emergency Contact and Medical Information for a Child/Youth**

Child/Youth Name _____		Date of Birth _____		M   F
				Sex
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____		
(   ) _____	(   ) _____	(   ) _____	(   ) _____	
Home Phone	Work Phone	Home Phone	Work Phone	
Address _____		Address _____		
City, ST ZIP Code _____		City, ST ZIP Code _____		

**Alternative Emergency Contacts**

Primary Emergency Contact _____		Secondary Emergency Contact _____	
(   ) _____	(   ) _____	(   ) _____	(   ) _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

**Medical Information**

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Medications/Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____	Date _____
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I give permission for my child to participate in The Urban Experience at Fourth Presbyterian Church. I understand that the program involves manual work and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. I release Fourth Church and individuals from liability in case off accident during activities related to Fourth Church, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____	Date _____
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Please attach a photo copy of your health insurance provider's card, front and back, to this form.

I give Fourth Church permission to include my child in photographs or videos to be used for publications, websites, or other church-related items used for communication and/or publicity purposes of Fourth Presbyterian Church.

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Parent's/Guardian's Signature

Date

Does your insurance carrier require a 2<sup>nd</sup> opinion before emergency procedures are undertaken? (YES/NO)

The following information is required to ensure that your youth's individual needs are met while attending The Urban Experience at Fourth Presbyterian Church. Information is confidential and will be make available only to staff, adult counselors, and medical professionals, i.e., those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be make to contact the parents or designated individual. For their safety and well-being, no child will be allowed to attend without a completed and signed Consent/Medical Authorization.

Date of last tetanus shot \_\_\_\_\_ (leave blank if unknown)

Please list any physical or behavioral conditions that the program staff and adult counselors should be aware of (sleepwalking, epilepsy, diabetes, fainting, asthma, etc.) Please be specific so we can provide the best care for your child:

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Is your child allergic to any food, medication or insect bites? (YES/NO) If Yes, please list particular allergy and probable reaction:

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Is your child currently taking any medications (YES/NO)

If yes, please list all medications that your child will be bringing including complete instructions for administering;

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May the staff/adult counselor administer to your child: aspirin (yes/no), aspirin substitutes (yes/no), eye ointments (yes/no), antihistamine or decongestant (yes/no), motion sickness medication (yes/no), laxative or anti-diarrhea medication (yes/no), antibacterial or antibiotic ointment (yes/no), insect bite or poison oak ointment (yes/no).

Specific directions:

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**NOTE:** If your child requires special care or diet, the group leader should contact us as soon as possible, prior to arrival, so that necessary arrangements can be made. Our cooks most likely will have done all their shopping atleast 1 week before the participants arrive.

Fourth Presbyterian Church  
Visiting Group Covenant

During your stay at Fourth Presbyterian Church, you not only represent your group—you also represent Fourth Presbyterian Church in our neighborhood and in the communities in which you will serve. Please keep this in mind throughout the duration of your visit as our community relationships are vitally important for our ongoing ministries in Chicago and for the work of other visiting groups that we host.

Fourth Presbyterian Church is a very active faith community in the midst of a busy urban environment. For your safety and for the safety of the numerous groups that use our space, be mindful of your surroundings and the security of our campus. You are responsible for your belongings. You are responsible for securing building entrances if you go and come beyond our regular hours.

The spaces you will be using for gathering, sleeping, and meals are all multipurpose spaces that will be used by other groups during the duration of your stay. Please abide by the time restrictions you will be provided. Please return room setups to the condition in which you find them. Please be respectful of other individuals, groups, programs, and events with whom you are sharing this space. Please be respectful of the church building itself.

Be mindful that the Sanctuary and Buchanan Chapel are places of worship and spiritual meditation and respect them as such. It is not uncommon to find people in these spaces throughout the day.

A wide range of people, from a variety of backgrounds and situations, frequent Fourth Presbyterian Church. Everyone here is considered a guest and should be treated as such.

If you are found doing something that is harmful to yourself, to others, or to church property you will be given a warning. If this harmful behavior persists, you will be asked to leave at your own expense.

Weapons, fireworks, illegal drugs, and alcohol are not permitted in the spaces you are using. This is your only warning about these things.

As a guest of Fourth Presbyterian Church, I agree to abide by this covenant. I understand that if I violate this covenant, I may be asked to provide compensation for damage that is done intentionally or through irresponsibility. In the case of an extreme situation, I understand that I may be asked to leave at my own expense.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_