

TEMPLE OR RISHON
TASTY AND TASTY BITES YOUTH GROUP 2006-2007
EMERGENCY INFORMATION, MEDICAL AUTHORIZATION & RELEASE FORM

Name of member: _____ Gender: _____

Parent or guardian #1: _____ Phone: _____

E-mail: _____ Cell # _____

Address: _____

Parents or guardian #2: _____ Phone: _____

E-mail _____ Cell # _____

Address: _____ E-mail _____

If parents are unavailable, I authorize the following to act on my behalf:

Name: **Gina Mulligan – Youth Group Advisor** Phone (cell) **916-436-6147**

Name: _____ Phone _____

PLEASE indicate any medical problems or considerations that your child has (e.g., allergies, diabetes, asthma, etc): _____

PLEASE indicate any medications your child will be bringing to use at youth group events and purpose: _____

Medical insurance co: _____ Policy # _____

I, the undersigned parent or guardians of a minor child, give my permission for _____ to attend activities with Temple Or Rishon Youth Groups. I agree to hold Temple Or Rishon, its officers, trustees, agents, employees and volunteers harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

In the event of illness or injury and I cannot be reached, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist selected by the adult leader in charge. After treatment, the adult leader in charge may authorize my child's release from the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority on the party of the adult leader in charge to give specific consent to any and all such care which a physician may deem advisable for my child.

Parent/Guardian's signature: _____ Date _____

Participant's signature: _____ Date _____

IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM WHENEVER INFORMATION CHANGES