

Lake Washington United Methodist Church  
Kirkland, Washington 98033  
Emergency Information Sheet

*Note: This information sheet is to be filled out by the parent or legal guardian of each participant. Should an emergency arise, the information will be used to inform any required medical treatment.*

Name of participant \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade in school (if applicable) \_\_\_\_\_ Parent (and youth, if desired) email \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

In case of medical emergency, I understand that every effort will be made to contact me and, failing that, the other named emergency contacts. If none of us can be reached, I hereby authorize and request the adult leader(s) to secure emergency medical and/or hospital care for the participant. Information the medical team may need is included below.

I accept full financial responsibility for any medical services required, including prescription and non-prescription drugs and other supplies, on behalf of my child.

Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_ Home phone \_\_\_\_\_

Other parent phone(s) \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Health information (May be shared with other leaders and medical personnel as needed.)

Please list any medications which are being taken at present, including dosage, frequency, and any other pertinent information. \_\_\_\_\_

Does the participant have any limitations for physical activities? Yes/No.

If yes, please explain: \_\_\_\_\_

Does the participant have allergies to medications or other things? Yes/No.

If yes, please specify: \_\_\_\_\_

Does the participant have any food restrictions or required food accommodations? Yes/No.

If yes, please specify: \_\_\_\_\_

Are there any learning challenges, and/or is there anything else the leaders should know? Yes/No

If yes, please specify: \_\_\_\_\_

Best way to contact a parent/guardian during and following worship if necessary.

\_\_\_\_\_