



## Youth Group Emergency Information & Consent 2020

Youth's Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **DOES YOUR CHILD HAVE ANY MEDICAL ISSUES WE SHOULD KNOW ABOUT?**

Allergies:  Yes  No Asthma:  Yes  No

Other:  Yes  No

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **IN CASE OF AN EMERGENCY:**

Name of Emergency Contact #1: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Name of Emergency Contact #2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

- I hereby consent to any and all health care providers designated by Gawler Baptist Church to provide my child \_\_\_\_\_ any necessary medical care as a result of any injury or illness. This consent includes First Aid and transportation to/from health care providers.
- I give consent for my child to be driven to and from Equip Youth events by an Equip Youth Leader.
- I agree to photographs and short videos of activities including my child to be taken for use within the church community and for publication including social media.

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