

Church in Los Angeles

Emergency/Medical Authorization Form

 Print Parent/Legal Guardian's Name (s)

Home Phone _____
 Work Phone _____
 Cell Phone _____

Print Child's Name	Allergies, Conditions, Medications, Special Needs, etc.
1	
2	
3	

Insurance Co or
 Care Provider _____

Group or
 Medical # _____

Physician
 Address _____
 Phone _____

Hospital
 Address _____
 Phone _____

The following person(s) may be contacted in the event of an emergency or illness or may pick up my child(ren):

Name _____
 Phone _____

Name _____
 Phone _____

I hereby authorize the responsible adult serving ones in the local church in which my child(ren) and I are members who are accompanying and chaperoning my children at the church-sponsored or church-organized camp, conference, event or activity in which my child(ren) are attending or participating in, to call an emergency ambulance or seek any medical care that they deem necessary in case of accident, injury, or other emergency at their best discretion if I am not immediately available. I understand that every effort will be made to contact me before, during, and after the emergency. I agree to **HOLD HARMLESS AND INDEMNIFY** the local church in which I am a member, Engedi Camp and Conference Center, Southern California Young People, and any of the other affiliated local churches or church-affiliated organizations, members, serving ones, responsible adults, or volunteers present at the camps, conferences, events or activities referenced above, from any and all injuries, claims, damages, liability, costs and expenses including, but not limited to, attorneys' fees, litigation expenses, court costs, and all other sums which the persons and organizations referenced above may pay or become obligated to pay on account of any, all and every demand for claim or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the church-sponsored, church-organized, or church activities referenced above involving my children.

 Signature of Parent or Legal Guardian

 Date

**Upon completion of this form, please scan it (or take a photo and email it) to
 churchinlaservicegroups@gmail.com.
 If you are unable to do this, you may submit the completed form to a YP serving one.**