

**First United Methodist Church, Algona, Iowa
Youth Registration Emergency Form**

Student Name: _____
Grade: _____

Student Name: _____
Grade: _____

Student Name: _____
Grade: _____

Student Name: _____
Grade: _____

Parent's Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Cell Number: _____

Emergency Information:

In case your child is severely injured or seriously ill and requires emergency attention, your child will be taken to the local emergency room.

Emergency Contact:

- 1.
- 2.

Name of Doctor: _____
Allergies: _____
Medical Conditions: _____
Health Concerns: _____

Please list who is authorized to pick up your child(ren) from church events.

1. _____
2. _____

Is there anyone prohibited from picking up your child(ren)? _____

I agree that once the authorized person picks up the child(ren) from the classroom door, the child(ren) is/are no longer the responsibility of the church.

Parent's Signature: _____

Field Trip Permission

I give my consent for the First United Methodist Church to take my child(ren) on all church related field trips during the 2017-2018 year.

Parent's Signature: _____

Date: _____