



**2021-2022 MYP Information & Emergency Contact**

Name of Participant: \_\_\_\_\_

Personal Pronouns: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade for Fall 2021: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Parent(s)/Guardian(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell/Office: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell/Office: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Physician: \_\_\_\_\_

Phone Numbers:

Office: \_\_\_\_\_ Emergency: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Other pertinent medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

T-shirt Size (Participant): \_\_\_\_\_

\_\_\_\_ YES, please apply this information for the whole 2021-2022 year at IUCC MYP!

**iucc** Irvine United  
Congregational Church

**Consent to Treat a Minor Form**

Being the parent or legal guardian of \_\_\_\_\_ (*minor's name printed*), I \_\_\_\_\_ (*parent/guardian's name printed*) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event that I cannot be reached in an emergency, I give my permission to the Ministry with Young People staff members to make decisions necessary for treatment. Should there be no staff member available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as secondary coverage.

Minor's date of birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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



Any health problems that may limit activities with MYP?

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Is there any other information (medical or otherwise) that would help to make their experience a success?

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I hereby give my permission for my child \_\_\_\_\_ to participate in IUCC MYP events for the 2021-2022 academic year. I fully understand that my child is to accept all rules and requirements governing conduct during the activity. It is understood that any child not fulfilling acceptable behavior standards will have their parent/guardian called. The parent/guardian will be expected to pick up the child from the event and their participation in the event will end.

I, the undersigned, hereby release IUCC, its officers, employees, and agents from liability arising out of or in connection with any activities taken with MYP. In the event that I cannot be reached in an emergency, I do hereby give my consent for my child to receive such emergency treatment as deemed necessary by an attending physician or hospital.

Parent/Guardian signature \_\_\_\_\_

Youth signature (if applicable) \_\_\_\_\_



**Photo and Contact Release**

As the parent/guardian of \_\_\_\_\_ (minor's name), I grant permission to Irvine United Congregational Church (IUCC) and its authorized representatives the right to photograph, record and/or film my dependent.

**Please check all uses for which you grant permission.**

- IUCC website (iucc.org)
- IUCC narthex and/or bulletin board displays
- IUCC printed materials (bulletin, newsletter, etc.)
- IUCC Facebook/Social Media
- Podcast/video recordings

Please indicate any restrictions you'd like to place. For example, if you prefer that your child/dependent's name is not used at all with his/her image, please indicate this below. IUCC's policy is to **not** include last names for any photos of minor children and youth.

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**Please select the time frame you would like this to apply:**

- For this event only (list) \_\_\_\_\_
- This permission applies for the remaining 2021-2022 School Year

Note: this release does not include press coverage at IUCC events or when IUCC participates in outside events.

I give the Ministry with Young People staff permission to contact my child directly through:

- Facebook and other social media
- Text Messages/phone calls
  
- Please **do not** contact my child directly

**Please note that all correspondence will be made public to other staff members to adhere to IUCC's Safe Church Policy.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date