

FIRST UNITED METHODIST CHURCH of AUBURNDALE
316 Ariana Blvd, Auburndale, FL 33823
863-967-1262

EMERGENCY INFORMATION FORM

This form is valid from _____ to _____.

Name: _____ Date of Birth: _____

Address: _____

Fathers Name & Date of Birth: _____ Home/Work Phone: _____

Mothers Name & Date of Birth: _____ Home/Work Phone: _____

**** Has the child/youth signed an organ donor card? Yes _____ No _____

**** Does your child/youth have an Advance Directive? Yes _____ No _____

The above information is mandatory if child/youth is admitted to a hospital for care.

I authorize FUMC-Auburndale to use my child/children's picture on our church's website and for outreach purposes: Yes _____ No _____

(If the address or home phone for either parent is different than that of the child, please provide this information:

Address: _____

Phone: _____

(If either or both parents will not be at above address/phone for the duration of this event, please provide an address and phone at which you can be reached:

Address: _____

Phone: _____

Person to contact if parent (s) is/are unavailable:

Name: _____

Relationship: _____

Phone: _____

INFORMATION:

Allergies to food, medication, etc (If none, so state) _____

Special Medication Problems (If none, so state) _____

(PLEASE COMPLETE BACK PAGE)

Family Physician _____
Address: _____ Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Insurance Company: _____
Policy No. or Group No. _____

***** I understand that The First United Methodist Church's insurance is secondary to my personal medical insurance. _____ (yes)**

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I have read and understood all sections of this form that apply to my child. I certify that the above named child/youth is my child or my legal ward and resides with me. I give my consent for him/her to attend functions or participate in activities sponsored by FIRST UNITED METHODIST CHURCH OF AUBURNDALE.

Signature of parent: _____

Sworn to and subscribed before me this _____ day of _____, _____.

**Notary Public _____
State of Florida, My commission expires:**

**Print, Type or Stamp
Commissioned Name of Notary Public**

(Affix stamp above)

**Personally known: _____ or _____ Produced Identification, type of
identification produced: _____**