

**WINNETKA CONGREGATIONAL CHURCH
ACTIVITY PARTICIPATION AGREEMENT**

Youth name _____

Description of Activity _____

Date(s) & location of activity _____

Name of Staff supervisor/Trip Sponsor _____

Emergency Contact – (list at least 2, with phone numbers and relationship)

1. _____ **Phone** _____ **Relationship** _____

2. _____ **Phone** _____ **Relationship** _____

Insurance Carrier _____

Insurance Membership number _____

(Please attach photocopies of front and back of insurance card)

Name of youth's physician _____

Physician phone _____

What medical problems should we be aware of _____

Allergies we should be aware of _____

What special dietary needs should we be aware of _____

Is medication taken regularly? _____

If yes, what is the medication? _____

What is medication taken for? _____

When is medication taken? _____

I give authority to the advisor in charge of this activity to grant permission to a medical doctor to examine and provide treatment if necessary.

Parent/Guardian signature

Date

I DO NOT give authority to the advisor of this activity to grant permission for medical treatment. I, or the persons named above as alternate contracts, must be contacted and will assume responsibility for the youth if emergency medical treatment is necessary.

Parent/Guardian signature

Date

September 2007