

Appendix B
 St. Mark's United Methodist Church
 Safe Sanctuary Policy and Procedures
Emergency Care Information Form

St. Mark's UMC staff/volunteers rely on the Emergency Care Information form to provide them with information needed to (1) contact a parent or other responsible adult in the event of an emergency concerning their child/youth/vulnerable adult; (2) assist emergency medical services in the event the child/youth/vulnerable adult requires medical services for illness or injury; (3) respond to requests to release of the child/youth/vulnerable adult during an event in nonemergency situations.

CHILD/YOUTH/VULNERABLE ADULT

First & Last Name:	
Date of Birth:	

PARENT/GUARDIAN CONTACT INFORMATION

First & Last Name:	
Address:	
City/State/Zip Code:	
Home Phone:	
Cell Phone:	
Email Address:	

PARENT/GUARDIAN CONTACT INFORMATION

First & Last Name:	
Address:	
City/State/Zip Code:	
Home Phone:	
Cell Phone:	
Email Address:	

PERSON(S) NOT PERMITTED TO BE CONTACTED

OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian (s) cannot be reached in the event of an emergency. These people also have your permission to pick your child/youth/vulnerable adult up from an event in case you can not be reached.

Name of Person	Telephone Number

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CURRENT HEALTH INFORMATION	
Below check any current health condition(s) that EMS or an emergency room physician should know about your child/youth/vulnerable adult's health.	
Health Issue	Specific Information
Allergy (Food)	
Allergy (Medication)	
Allergy (Bee Sting/Insect Bite)	
Allergy (Other)	
Asthma	
Cancer	
Diabetes	
Hearing Problems	
Heart Problems	
Blood Disorder	
Emotional Issues	
Physical Disability	
Respiratory	
Seizures	
Vision Issues	
Other	

APPROVED/RESTRICTED FOOD ITEMS	
Approved Food Items	Restricted Food Items

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MEDICATIONS	
Please list all medication and dosages your child/youth/vulnerable adult receives on a continual basis.	
Medication	Dosage

PHYSICIAN INFORMATION	
Medical Care Provider (name of doctor/clinic & phone number)	
Medical Coverage Provider (health insurance company, assistance program, HMO, etc & phone number)	

Parent/Guardian Signature: _____ Date: _____

- It is very important that St. Mark's UMC staff/volunteers have contact information for at least two responsible adults who can be contacted in the event of an emergency when the parents/guardians cannot be reached. Other adult family members or friends should be listed in the Other Contact Information section of the form.
- Please also note that St. Mark's UMC staff/volunteers will allow any person you list on this form in the Other Contact Information section to pick up the child/youth/vulnerable adult from an event in both emergency and nonemergency situations.
- In the event of an emergency, St. Mark's UMC staff/volunteers will attempt to contact the parent/guardian first. If neither parent/guardian listed can be reached, St. Mark's UMC staff/volunteer shall contact the people listed in the Other Contact Information section on the Emergency Care Information form. Once a parent or designated contact is reached, staff/volunteer will provide him or her with information about the child/youth/vulnerable adult and the emergency situation and will release the child/youth/vulnerable adult to him or her, as appropriate.
- A noncustodial parent may be provided with information about the child/youth/vulnerable adult, but staff/volunteer will not release the child/youth/vulnerable adult to him or her without the written consent of the custodial parent.
- It is extremely important that school staff have the most up to date and accurate information about your child/youth/vulnerable adult.