

Emergency Medical Authorization
Kidron Mennonite Church

Today's Date _____

Child's Name _____ M / F (circle one)

Child's Birth Date ____ / ____ / ____ Child's Home Phone _____

Child's Address _____

Residential Parent or Guardian

Mother _____ Phone _____

Father _____ Phone _____

Other name _____ Phone _____

Purpose – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under KMC authority when parent or guardian cannot be reached.

Doctor _____ Phone _____

Dentist _____ Phone _____

Local Hospital _____ Phone _____

In the event reasonable attempts to contact me or other parent or guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the listed doctor or dentist, or in the event the designated preferred practitioner is not available, by a licensed physician or dentist; and (2) the transfer of the child to the above hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, INCLUDING ALLERGIES, medications being taken, and any physical impairments to which a physician should be alerted: _____

Signature of Parent or Guardian

Date

Kidron Mennonite Youth Registration

Today's Date _____

Please circle each that you participate in:

Sunday School JYF MYF Harmony Choir Club FISH

Student's Name _____

Student's Birth-date ____/____/____ Grade ____

Student lives with ____ mother ____ father ____ both parents ____ other

Guardians Names _____

Address _____

Phone Number(s) _____ daytime _____ home _____ cell _____

Name and phone number of at least one emergency contact person, in case a parent or guardian cannot be reached: _____

Does your child have any food allergies? ____ yes ____ no

If so, please list them _____

MYF Transportation Release

In the rare case that there are more students than sponsors available to drive for MYF events, the MYF leaders may appoint a student driver for activities such as mission meal deliveries or road side clean up. We will be sure to be in compliance with the House Bill 343 which states that drivers under the age of 17 cannot operate a vehicle with more than one other person that is not a family member. In all cases, MYFer's driving for MYF events will be a last resort.

My child is licensed driver and I give my permission for them to drive other youth for local MYF events.

Yes

No

I give my permission for my child to ride with a licensed youth, appointed by the MYF sponsors for local MYF events.

Yes

No

I have received a copy of the KMC Youth Ministry Statement of Policies.

Parent Signature _____ Date _____