

# The Unitarian Universalist Society of Geneva

*"Being desirous of promoting practical goodness in the world, and of aiding each other in our moral and religious improvement,  
we have associated ourselves together -- not as agreeing in opinion, not as having attained universal truth in belief or perfection in character,  
but as seekers after truth and goodness." from our Covenant of 1842*

The Rev. Dr. Lindsay Bates, *Senior Minister*  
Katie Phillips, *Congregational Administrator*  
Debra Askelson, *Church School Administrator*  
Bill Pokorny, *President of the Board of Directors*

102-112 South Second Street  
P. O. Box 107  
Geneva IL 60134-0107  
630-232-2350, office@uusg.org

## Emergency Contact Information and Consent-to-Treat form

### General Info

Name of youth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of legal guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Emergency Contact Info

**Please list an alternate emergency contact if we cannot reach the legal guardian:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary care physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Effective date: \_\_\_\_\_

### Medical History

Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Blood Type (if known): \_\_\_\_\_

Current prescription and/or over-the-counter medication(s) used (if any): \_\_\_\_\_

Other medical conditions or important health info: \_\_\_\_\_

### Consent To Treat

I give my permission for my child to receive any needed medical care and treatment required in my absence. I understand that I will be responsible for any expenses not covered by my insurance carrier. I further understand that this form will be used for the current church school year, that I am responsible for advising the UUSG office of any changes to this information, and that I am responsible for filling out a new form each church year that my child is involved at UUSG.

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

Please print name: \_\_\_\_\_ Relationship: \_\_\_\_\_