

Mount Tamalpais United Methodist Church
Special Needs Form (Allergies, Disabilities, and Other Health Concerns)
2019-2020

Please complete one form per child. **Today's Date:** _____

Child's Name (First and Last): _____ Age: _____ D.O.B.: _____

Parent's Name (1): _____

Cell Phone Number: _____ Email: _____

Mailing Address: _____

Parent's Name (2): _____

Cell Phone Number: _____ Email: _____

Mailing Address: _____

Child's Health Issue:

Procedure to follow in case of emergency (location of epi-pen, hospital of choice, etc):

When an emergency happens related to your child's special needs condition, what helps him/her through it? What comfort measures can be taken?:

Emergency Contact Person (other than parents): _____

Phone Number: _____

Comments (If any): _____

List additional emergency contact names, phone numbers and email addresses (if applicable) on the back of this form.

"I give my permission for Mt. Tam Church, its staff and volunteers, to follow the emergency procedures I have outlined above, including calling 911 and/or bringing my child to the hospital as needed."

Parent's (or other caregiver's) Signature and Date: _____

This information is collected solely for the purpose of being able to act accordingly were an emergency to occur during a church sponsored activity. It will not be shared outside the church leadership and will be kept in a safe and secure place in the church office. If you have any questions about this form, please contact Tricia Wiig at triciawiig@mtumc.org or 415-388-4456.