

JUNIOR UKRAINIAN ORTHODOX LEAGUE OF THE UNITED STATES OF AMERICA

EMERGENCY AND CONSENT AUTHORIZATION FORM

Child's Name : _____

Birthdate: _____ Current Age: _____

Parent/Guardian: _____

Address: _____

Phone: _____ Work Phone: _____ Cell Phone: _____

In Case of Emergency Alternative contact:

Name: _____ Relation: _____

Home phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I give my child permission to participate in the UOL CONVENTION sponsored by the *Ukrainian Orthodox League* of the *Ukrainian Orthodox Church*.

I consent for _____ to chaperone my child.
Name of chaperone

I consent to allow my child to receive emergency first-aid or treatment by a doctor or hospital staff member in the event of sudden illness or accident.

I also acknowledge that I have read and reviewed the Junior UOL Convention Rules with my child. I understand that my child's luggage and belongings may be searched for alcohol and illegal drugs should it be deemed necessary and appropriate. I will take responsibility for covering the cost of having my child sent home if illegal substances are found or if my child violates Convention Rules.

I agree to hold harmless and release the *Ukrainian Orthodox League* and the *Ukrainian Orthodox Church* and its members, for any accidents or mishaps that may take place during events at which my child is present or during any transportation needed for the child and assume the risk for any injuries that they may sustain in the pursuit of the above described activities and also indemnify, protect, save and hold the above mentioned harmless of any and all losses, damages, or injuries which may occur as a result of the activities of the UOL Annual Convention.

Parent/Guardian Signature: _____ Date : _____

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HEALTH FORM AND RELEASE

Child's Name: _____ Birth date: _____

Current Age: _____ Social Security Number: _____

Address: _____

Phone Number: _____

Parent/ Guardian Name: _____

HEALTH HISTORY

Surgery _____ Date _____

Diabetes _____ Asthma _____

Epilepsy _____ Additional Conditions _____

Any activities child should not participate in due to physical conditions _____

ALLERGIES

Outdoor: _____

Medicines: _____

Food: _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Issued under the name: _____

Policy number/s: _____

Date of policy: _____ (Please attach copy of card to this form)

This health record is correct and complete to the best of my knowledge. Therefore, the child, who is registered here has permission to engage in all activities except as noted on this form. In the event of an emergency, I hereby give permission to the physician and/or hospital, which is selected by the chaperones to hospitalize, secure proper medical treatment for the above named child. As the parent/guardian, I will assume all financial responsibilities if hospitalization and/or medical treatment is required.

Parent/Guardian Signature _____ Date _____