



## **SLY (St. Luke's Youth) Emergency Contact & Information Form**

**2025/2026 School Year**

**St. Luke's UMC, 8817 S. Broadway, Littleton CO, 80129, 303-791-0659**

### **Youth Information:**

**Youth Name (first and last):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Allergies (list severity):** \_\_\_\_\_

\_\_\_\_\_

**Other Medical Issues (that we need to be aware of in an emergency):** \_\_\_\_\_

\_\_\_\_\_

**Medications:** \_\_\_\_\_

\_\_\_\_\_

**Do we have permission to get your child medical care if necessary?** \_\_\_\_\_

### **Parent/Guardian Information:**

**Name (first and last):** \_\_\_\_\_

**Email & Phone #:** \_\_\_\_\_

**Relationship to Youth (if not parent):** \_\_\_\_\_

**Name (first and last):** \_\_\_\_\_

**Email & Phone #:** \_\_\_\_\_

**Relationship to Youth if not parent):** \_\_\_\_\_

### **Emergency Information:**

**Emergency Contact (in the case guardians cannot be reached, please list full name, relationship to youth, and applicable phone numbers):** \_\_\_\_\_

\_\_\_\_\_

**Primary Care Physician Information:** \_\_\_\_\_

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Is there anything else we would need to know in case of emergency? \_\_\_\_\_

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**Other Important Permissions:**

Is there anyone who is specifically NOT to pick your youth up from church (i.e. a parent without custody or similar situations)? \_\_\_\_\_

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We will at times use the church vans to drive offsite for events. Is your youth allowed to be transported by us? \_\_\_\_\_

We will at times document youth activities via photo/video. Do we have your permission to utilize this media among things like newsletters and the church website? \_\_\_\_\_

During youth events do we have permission to administer the following to your child if needed (check those which we are allowed to administer):

- ☐ Tylenol/Acetaminophen
- ☐ Advil/Ibuprofen
- ☐ Benadryl
- ☐ Pepto Bismol

If your child utilizes an inhaler or epipen, please be sure it attends church events with them (inhalers may be kept on the youth, epipens should be handed to director/appropriate leader). Please list any details we need to know about these medical devices (i.e. how many puffs of their inhaler they can take how often): \_\_\_\_\_

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**Parent/Guardian Signature:**

Parent/Guardian Full Printed Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_