

MEDICAL/LIABILITY RELEASE

FOR ACTIVITIES SPONSORED BY THE SOUTHWEST UNITY REGION & LOCAL UNITY CHURCH

Complete form in INK. Form can be kept on file until following September 1, if info stays current. Form must be UPDATED if any information changes. Copy of form is to be carried with participant to every event.

UNITY CHURCH: _____

NAME OF PARTICIPANT: _____ Birth Date: ____/____/____ Grade: _____

LEGAL GUARDIAN(s), if under 18: _____ Relationship: _____

Address: _____ City, State: _____ Zip: _____

Home Phone: (____) _____ Other numbers to use: _____

Emergency contact(s): _____

MEDICAL HISTORY

I certify that the above-named participant is in good health and able to participate in all activities:

YES NO

If NO, specify limits of participation: _____

Allergic to any food or medication? YES NO (if yes, specify: _____)

Is participant currently under a doctor's supervision for:

Epilepsy Diabetes Asthma Allergies (allergies not listed above: _____)

Other condition or special-care needs (specify): _____

Current Medication: _____ Date of last Tetanus shot: _____

Group leaders must be informed of any prescription medication brought by youth, with clear information as to proper use and dosage. If medication is 'as needed', your child must understand the symptoms of their condition and know when to ask for help.

Please check which over-the-counter medications you will **NOT** allow to be dispensed to this participant:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> aspirin | <input type="checkbox"/> acetaminophen (e.g. Tylenol) | <input type="checkbox"/> nasal decongestant (e.g. Sudafed) |
| <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> ibuprofen (e.g. Advil, Motrin) | <input type="checkbox"/> cough suppressant (e.g. Robitussin, menthol cough drops) |

INSURANCE INFORMATION, MEDICAL CONSENT & LIABILITY RELEASE

FAMILY PHYSICIAN (name & phone number): _____

MEDICAL INSURANCE (company & policy number): _____

Phone # to verify coverage or submit claim: _____ Policyholder's name: _____

*** Or attach copies of INSURANCE CARD(s) to back of form. ***

As the above-named participant (or legal guardian if the participant is a minor under the age of 18), I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and, I understand and consent to all terms outlined on both pages of this document (including release of photographic images & personal information as described on page 2).

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth Ministry activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable the Church, the Association of Unity Churches ('the Association') or the Southwest Region of the Association ('the Region'), their employees, agents and event/youth group leaders for any injury, illness or property damage involving the above-named participant no matter how caused. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same. If the above-named participant is incapacitated or under age 18, I do hereby authorize group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by a state-licensed physician or surgeon.

SIGNATURE (participant, or Guardian if under age 18): _____ Date: _____

(Rev. 7/00)

SIGNATURE MUST BE NOTARIZED, or WITNESSED BY CHURCH STAFF.

Witness: _____
Signature _____ Print Name _____ Title (staff) or Notary Seal _____ Date _____

Name of Participant: _____

PARENTAL CONSENT, for minor under age 18

As legal guardian of the above-named minor under the age of 18, I give my permission for him/her to be involved in the Youth Ministry program(s) of the Church, Region and Association. I am familiar with the general goals and purpose of the program(s). I understand I will be notified of any special activities and trips away from church, including location, form of travel and cost. Should my child choose to attend such activities, I agree to send them with the appropriate clothes, personal items and money needed. Unless I have made special arrangements with a group leader, transportation to/from church or group activities, or to a common drop point for group travel, is the child's and parent's responsibility. If my child needs to be sent home for any reason, including behavior problems or medical reasons, I agree it will be at my expense.

OTHER RELEASES

Photography release. I hereby grant the Church, Region, Association and its representatives permission to use, without compensation or restriction, photographs and videotapes images (from local and regional Unity events) in which the participant appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.

Confidentiality. I understand that health information on this form will only be shared, as needed, with group leaders, church staff and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization. However, since it is common practice for the Church (or Region) to publish a participant's contact information, birthdate &/or school on the group's roster if they actively participate in the group (or attend a regional event), I authorize the Church (and Region) to publish such information on a local (or event) roster **EXCEPT** for the following (please specify):

Limit of consent. The consent outlined in this Medical/Liability Release, concerning my child's participation in Youth Ministry activities, expires next **September 1** (or earlier, if listed here: _____). **It is my responsibility to notify the group leaders or minister if any information changes or I decide to withhold consent.**

DIRECTIONS HOME

Please sketch a map with major cross streets to help drivers get your child home from an unfamiliar area:

ABOUT INSURANCE CARDS -- THIS IS IMPORTANT!

A hospital may require a child's Social Security number and/or insurance card (as proof of insurance) before treatment or admittance. You should make sure your child carries that information to events, or you can provide that information here:

- above-named minor's **SS#** _____ - _____ - _____
- attach copies (front and back) of **insurance card**: