

**YOUTH MINISTRY  
MINI-HEALTH INFORMATION  
& LIABILITY RELEASE FORM**

*Hyde Park United Methodist Church  
Tampa, Florida*



Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Current Grade \_\_\_\_\_ Current Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

**Parent Contact Information:**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Email Address \_\_\_\_\_

**Medical Information:**

Allergies to food or drugs: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Drugs and/or Medicines currently being taken: \_\_\_\_\_

When are they taken: \_\_\_\_\_

Minor is permitted to take Tylenol or Advil for headache: Yes \_\_\_\_\_ No \_\_\_\_\_

Minor is permitted to take \_\_\_\_\_ for fever.

Minor is permitted to take \_\_\_\_\_ for cold and flu symptoms.

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Legal Guardian (print or type name) \_\_\_\_\_

**PARENT MEDICAL AND LIABILITY RELEASE STATEMENT:**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the health care provider selected by the activity leader or his/her designee to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the HPUM and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold HPUM, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

By signing below I give my youth permission to attend the progressive dinner and HPUM authorization to transport my child to the progressive dinner sites.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date