



Medical/Liability Release

Complete form in **INK**. Form can be kept on file until following September 1, if information stays current. Form must be **UPDATED** if any information changes. The original form is to be carried with participant to every event. A copy of form is to be held at the church office.

Participant _____ Birth Date ___/___/___ M F Grade _____
 Parent/Legal Guardian, if under 18 _____ Relationship _____
 Address _____ City, State _____ Zip _____
 Home Phone (_____) _____ Work/cell (_____) _____ E-mail _____
 Emergency contact(s) if parent cannot be reached _____
 Relationship _____ Phone (_____) _____ (_____) _____
 Vegetarian _____ Special Diet Specify _____
 T-shirt size **Youth:** S ___ M ___ L ___ **Adult:** S ___ M ___ L ___ XL ___ XXL ___ Other _____

MEDICAL HISTORY

I certify that the above named person is in good health and able to participate in all normal activities of the group.

Yes No If no, specify limits of participation. _____

Allergic to any food or medication? Yes No (If Yes, specify) _____

Is the participant currently under a doctor's supervision for:

Epilepsy Diabetes Asthma ADD/ADHD Allergies (not listed above) _____

Other conditions or special care needs and current medications (specify) _____

_____ Date of last Tetanus shot _____

Group leaders must be informed of any prescription medication brought by participant with clear information as to proper use and dosage. If medication is "as needed," the participant 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:

aspirin acetaminophen (e.g. Tylenol®) nasal decongestant (e.g. Sudafed®)
 Pepto Bismol® ibuprofen (e.g. Advil®, Motrin®) cough suppressant (e.g. Robitussin®, menthol cough drops)

INSURANCE INFORMATION, MEDICAL CONSENT & LIABILITY RELEASE

Family Physician (name & phone number) _____

Medical Insurance (company, policy and ID number) _____

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

* * Attach copies of Insurance Card(s) front and back. * *

As the above-named parent (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).

MEDICAL/LIABILITY RELEASE (Continued) (page 2 of 2) Name of Participant _____

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to _____ Church activities and travel understanding that some activities may pose a risk of injury. I will not hold liable the Church, the Regional Association of Unity Churches and/or the Association of Unity Churches International, their employees, agents and event 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 _____

Printed Name

SIGNATURE MUST BE NOTARIZED OR WITNESSED BY CHURCH STAFF OR TRUSTEE

Signed and Sworn before me:

Witness _____
Signature

Printed Name

Date

PARENTAL CONSENT for minor under age 18

As legal guardian of the above named participant under the age of 18, I give my permission for him/her to be involved in the Youth and Family 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 representative permission to use, without compensation or restriction, photographs and videotape 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, birth date and/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 group leaders or Youth and Family Ministry Director if any information changes or I decide to withhold consent.**

ABOUT INSURANCE CARDS – THIS IS IMPORTANT!

A hospital may require a Social Security number and/or insurance card (as proof of insurance) before treatment or admittance. Make sure the participant 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**.