

Southeast Unity Youth Ministry      Date: \_\_\_\_\_

**Medical & Liability Release** *This release is for all church and regional youth group events and is valid for one year after date of signature. Original to church file. Copy to parent. Copy when traveling. Copy to be submitted each year to the Wellness Team Lead, Jane Armstrong at seyouwellness@gmail.com. Please notify your Chapter Sponsors and Jane Armstrong of any changes for each rally.*

Church or Chapter: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian (if under 18) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL HISTORY**

YES NO Above-named participant is in good health and is able to participate in all event activities.

If NO, specify limits of participation: \_\_\_\_\_

YES NO Allergies to food or medicine (If YES, specify): \_\_\_\_\_

Participant is currently under a doctor's supervision for:

\_\_\_\_\_

Current medications \_\_\_\_\_

Other medical condition or special-care needs: \_\_\_\_\_

At youth events, prescription medications for minors must be turned over to adult leaders with clear usage instructions. This means a prescription bottle for that individual with their name, medication, and dosage. If a medication is "as needed," your minor must understand the symptoms of his/her condition and be capable of asking for help from adult leaders.

Please check which over-the-counter medications you do NOT want dispensed to this minor:

- ASPIRIN     ACETAMINOPHEN (eg: Tylenol)  NASAL DECONGESTANT (eg: Sudafed)
- PEPTO BISMOL  IBUPROFEN (eg: Advil, Motrin)  COUGH SUPPRESSANT (cough drops)

**Participant Name:** \_\_\_\_\_

**INSURANCE INFO & TREATMENT AUTHORIZATION**

**Page** \_\_\_\_\_

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

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone to Submit Claim: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Participant/Guardian Social Security Number (OPTIONAL...read below): \_\_\_\_\_

*A hospital **WILL** require the participant's Social Security number, or the Guardian's if the participant is a minor, before treating or admitting the participant. You should make sure the participant or adult leader has that information, or you can provide it above.*

**PARENTAL CONSENT & LIABILITY RELEASE:**As legal guardian of the above-named minor, I hereby give my permission for him/her to be involve d with SE Unity Youth Ministries. I am familiar with the general goals and purpose of the Unity youth program.

**Transportation:** I understand I will be notified of any special activities and trips away from church, including location, form of travel, and cost. Should my teen choose to attend such activities, I agree to send him/her with the appropriate clothes, personal items, and money needed. Unless I have made special arrangements with an adult leader, transportation to/from group activities, or to a common drop point for group travel, is my responsibility. If my child is sent home for behavior or medical reasons, I agree it will be at my expense.

**Photography:** I hereby grant the church, SE Region, and its representatives permission to use, without compensation or restriction, photographs and videotaped images (from local, regional, and international 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 be secured and will only be shared, as needed, with adult 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.

**Liability:** As the above-named participant (or legal guardian if participant is under 18), I hereby attest that I have read this complete document; all information 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. 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, SE Unity Region Inc, their employees, agents, or adult leaders for any injury, illness, or property damage involving the above-named participant. 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 the said services. If the above-named participant is incapacitated or under 18, I do hereby authorize an adult leader 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, or hospital care which is deemed advisable by a state-licensed physician or surgeon.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_



