

# SE REGION UNITY YOUTH & ADULT MEDICAL RELEASE

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

NOTE: Complete this form in ink.

UNITY CHURCH: \_\_\_\_\_

PROGRAM:                      UNITEEN                      YOUTH OF UNITY                      ADULT

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Name of event participant: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Age: \_\_\_\_

Parent/Legal guardian, if under 18: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Adult cell phone: \_\_\_\_\_ Adult email address: \_\_\_\_\_

In event of emergency, if I cannot be reached, contact: \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_

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## MEDICAL HISTORY

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

YES NO (If NO, specify limits of participation: \_\_\_\_\_)

Are there any known allergies to food or medication: YES NO (If yes, specify: \_\_\_\_\_)

Is the participant currently under a doctor's supervision for: EPILEPSY                      DIABETES                      ASTHMA                      ADD/ADHD

Other condition or special-care needs (specify: \_\_\_\_\_)

Current Medication: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

At events, prescription medication for minors should be turned in to group leaders with clear instructions. If medication is "as needed", your child must understand the symptoms of their condition and be capable of asking for help from group leaders.

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

|              |                                |  |
|--------------|--------------------------------|--|
| ASPIRIN      | ACETAMINOPHEN (e.g. TYLENOL)   | NASAL DECONGESTANT (e.g. SUDAFED)                |
| PEPTO BISMOL | IBUPROFEN (e.g. ADVIL, MOTRIN) | COUGH SUPPRESSANT (e.g. ROBITUSSIN, COUGH DROPS) |

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## INSURANCE INFORMATION & AUTHORIZATION FOR TREATMENT

FAMILY PHYSICIAN (name & phone number): \_\_\_\_\_

MEDICAL INSURANCE (company & policy number): \_\_\_\_\_

Phone # to verify coverage or submit claim: \_\_\_\_\_ Policy holder'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 and 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, Southeast Unity Region, Inc., 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.

The consent outlined in this form concerning above-named participant's participation in church youth activities expires one year from date of signature.

SIGNATURE (Parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Original copy to Unity Church sponsor's file. Copy to parent. Copy for youth when traveling. Copy submitted with each regional event registration form.

NAME: \_\_\_\_\_

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## PARENTAL CONSENT & LIABILITY RELEASE

As legal guardian of the above-named minor, I hereby give my permission for him/her to be involved in the teenage youth ministry of Unity. I am familiar with the general goals and purpose of the youth group.

**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 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 teen's and parent's responsibility. If my child needs to be sent home for behavior problems or medical reasons, I agree it will be at my expense.

**Photography release.** I hereby grant the church, Southeast 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 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."

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### OPTIONAL...but it could be important!

A hospital may require your child's Social Security number and/or insurance card (as proof of insurance) before treating or admitting them. 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.

**Directions Home** – Please sketch a map with major cross streets to help drivers get your teen home from an unfamiliar area: