

# MEDICAL RELEASE FORM 2016-2017

for activities sponsored by the Southwest Unity Region & local Unity church

*Complete form in INK. Form must be UPDATED if any information changes.*

*Copy of form is to be carried with participant to and from every event.*

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

NAME OF PARTICIPANT: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian/Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Best Phone numbers to use: \_\_\_\_\_

Second Emergency contact, name and number: \_\_\_\_\_

## MEDICAL HISTORY

**Please use the back of this form to provide any additional information.**

**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:* \_\_\_\_\_

**Significant Health History information, please list with date/year:** \_\_\_\_\_

**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, (including Spectrum Disorders) (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 allow to be dispensed to this participant:**

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

**Please specify any other condition we should know about:** \_\_\_\_\_

# MEDICAL/LIABILITY RELEASE 2016-2017

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## 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: \_\_\_\_\_

**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.

**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.

**Updates:** It is my responsibility to notify the group leaders or minister if any information changes or I decide to withhold consent.

### 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.

**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.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Participant (or Guardian if Participant under age 18)*

\_\_\_\_\_  
*PRINT NAME (and RELATIONSHIP if Participant under 18)*

### 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, and also provide that information here:

Above named Minor's SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- OR -

**Copy of Insurance Card (front and back) – ATTACHED TO THIS FORM.**