

Medical Release Form 2017-2018
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: _____

Gender: _____

Address: _____ City/ State: _____ Zip: _____

Parent/Guardian/Emergency Contact: _____

Relationship: _____ 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 date/year: _____

Allergic to any food/medication?: **Yes**/ **No** If Yes, specify: _____

Is participant currently under a doctor's supervision for:

Epilepsy Diabetes Asthma Allergies (any 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 medications, 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) Ibuprofen (e.g.advil) nasal decongestant (e.g.sudafed)
 cough suppressant (e.g. robitussin, cough drops), Pepto Bismol Tums antihistamine (e.g. benadryl)

Family Physician (name & phone number): _____

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Insurance Information, Medical Consent and Liability Release

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 my Unity Church, the Association of Unity Churches, or the Southwest Region of the Association, 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.

It is my responsibility to notify the group leaders or minister if any information changes or I choose 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 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 is under age 18)

Print Name (and relationship if participant is under age 18)

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:

SS# _____ or

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