

# Health Form/Unconditional Release of Liability

## Munsey Memorial UMC Children's & Youth Ministry 2024-2025

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (if summer, grade just finished): \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Subscriber's Name: \_\_\_\_\_ ID# \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**In an emergency situation, use these contacts as necessary:**

Second Parent/Guardian: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Participant's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Participant's Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Has participant ever had an allergic reaction to: (Please describe reaction & allergy protocols in case of exposure/ingestion.)**

Hay fever: \_\_\_\_\_ Ivy Poisoning: \_\_\_\_\_ Insect Stings: \_\_\_\_\_

Penicillin: \_\_\_\_\_ Other Drugs: \_\_\_\_\_

Asthma: \_\_\_\_\_ Foods: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This health history is correct so far as I know. In signing this authorization, I acknowledge that I have read or will read prior to an event the event description and am aware that the activities associated with children's or youth ministry may entail certain inherent risks including damage to property, personal injury, and even death. In consideration for being permitted to participate in children's and youth events and activities, I agree to assume all such risks and hereby release and discharge Munsey Memorial United Methodist Church, its affiliated agencies, officers, sponsors, trustees, employees, agents and other aids and/or volunteers from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises out of the participant's participation in youth ministry events.

The participant has permission to engage in all event activities except as noted: \_\_\_\_\_

I hereby give permission to the church staff and volunteers to provide routine healthcare, administer prescription drugs, and seek emergency medical treatment including ordering X-rays and/or routine tests. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. I will personally guarantee any cost of liability incurred during evacuation or treatment. I give permission for me/my child to be transported in a private vehicle if necessary. I give permission for photographs or videos taken of me/or my child to be used for Munsey Memorial UMC publicity, printed or electronic. This form may be photocopied for use.

Signature of parent/guardian or adult participant: \_\_\_\_\_

Date: \_\_\_\_\_

**Does participant have other special considerations?**

Chronic problems: \_\_\_\_\_

Emotional or behavioral problems: \_\_\_\_\_

Activities limited: \_\_\_\_\_

Special diet: \_\_\_\_\_

**Over-The-Counter Medications** - By checking the appropriate line, I give permission for the participant to receive the following over-the-counter medications according to the specific directions on the product label unless otherwise directed by a physician. Without specific parental authorization, no oral medications will be given.

Medication

\_\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_\_ Ibuprofen

\_\_\_\_\_ Antihistamines

\_\_\_\_\_ Stomach medicines (Tums or Pepto Bismol)

List any over-the-counter oral or topical medications which your child should ***not*** receive:

\_\_\_\_\_

**Prescription and Routine Medications**

All medications brought to event, both prescription and non-prescription, must be in the original containers and clearly labeled with participant's name. All prescription medications will be dispensed according to physician's instructions. Please list all medications brought by participant to be taken regularly throughout the event, listing exact dosage and dispensing orders prescribed by your doctor. Medications must be in original containers.

Medication	Dosage	Times Taken (mealtimes, bedtime, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child has my permission to take the medication that he/she brings to an event.

Signed: \_\_\_\_\_ Date \_\_\_\_\_