

Health Form/Unconditional Release of Liability

Munsey Memorial UMC Youth Ministry 2021-2022

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM.

Participant Name _____
 Birth Date: _____ Gender: ____ Age: ____ Grade (if summer, grade just finished): _____
 Family Insurance Company: _____ Policy # _____
 Insurance Subscriber's Name: _____ ID# _____
 Subscriber's Date of Birth: _____
 Insurance Claims Address: _____
 Pre-Authorization Phone # if required () _____
 Parent/Guardian/Spouse: _____ Home Phone:() _____
 Address: _____ Work Phone: () _____
 City: _____ State: _____ Zip: _____ Cellular Phone:() _____

In an emergency situation, use these contacts as necessary:

Second Parent/Guardian: _____ Home Phone:() _____
 Work Phone:() _____ Cellular Phone:() _____
 Emergency Contact: _____
 Home Phone:() _____ Work Phone:() _____
 Participant's Physician: _____ Phone:() _____
 Participant's Dentist: _____ Phone:() _____

Has participant ever had an allergic reaction to: (describe)

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 youth ministry may entail certain inherent risks including damage to property, personal injury, and even death. In consideration for being permitted to participate in events and activities sponsored by Munsey Youth Ministry, 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 youth ministry staff and volunteers to provide routine health care, 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 a youth ministry 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.

Munsey Memorial UMC has established preventative measures and policies to reduce the risk of spread of COVID-19, a highly contagious virus that has been declared a worldwide pandemic by the World Health Organization. Munsey Memorial UMC cannot, however, guarantee that you or your child will not become exposed to or infected with COVID-19. By signing below, I, as parent or legal guardian, acknowledge the health risks and dangers associated with the transmission of COVID-19, and recognize that exposure to the COVID-19 virus could occur while my child is participating in youth, children, and activities of Munsey Memorial UMC. I hereby agree that I am voluntarily assuming the risk that my child may be exposed to or infected by COVID-19 by participating in Munsey Memorial UMC youth, children, and other activities, and I hereby release, discharge, and hold harmless Munsey Memorial UMC and its officers, directors, employees, and volunteers from any and all liability, damages, and claims arising from or related to my child or myself being exposed to or infected by COVID-19 when participating in Munsey Memorial UMC youth, children, or other activities.

Signature of parent/guardian or adult participant: _____ **Date:** _____

Signature of second parent: _____ **Date:** _____

----- TO BE COMPLETED BY NOTARY -----

STATE OF _____ **COUNTY OF** _____

I, _____, notary public in and for said county in said state, hereby certify that _____, whose name is signed to the foregoing conveyance, he executed the same voluntarily on the day the same bears date.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of _____ Commission Expires: _____

Printed Name: _____

Signature: _____

SEAL:

(OVER)

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

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

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.

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

Signed: _____ **Date:** _____

Prescription and Routine Medications — 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 (Breakfast, Lunch, Supper, Bed, Other)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature verifying instructions: _____ **Date** _____

Physician's signature required if dispensing orders differ from original container's label: _____ **Date** _____