

# INFORMATION AND MEDICAL RELEASE FORM

Livonia: Newburg United Methodist Church

Valid for Youth Ministry Activities June 2018 through June 2019

## PARTICIPANT INFORMATION

Name \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (Middle Initial) (mm/dd/yyyy)

Address \_\_\_\_\_ Participant Cell: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone \_\_\_\_\_ Participant E-mail \_\_\_\_\_ @ \_\_\_\_\_  
(Home)

Grade as of September 1, 2017: (N/A if participant is over age 18) \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

## ALLERGY AND HEALTH INSURANCE INFORMATION

Allergies:

Medications \_\_\_\_\_ Peanut Allergy? YES or NO  
Food \_\_\_\_\_ Other \_\_\_\_\_

Health Problems or Concerns, Food Restrictions: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
(Parent, Spouse or Legal Guardian)

Relationship \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

E-mail Address \_\_\_\_\_

## SECONDARY EMERGENCY CONTACT

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
(Parent, Spouse or Legal Guardian)

Relationship \_\_\_\_\_ Secondary Phone \_\_\_\_\_

SIGNATURE NEEDED ON SIDE TWO →

## GENERAL RELEASE

I give permission for \_\_\_\_\_ to participate in the activities of Newburg United Methodist Church (UMC) Student Ministry. I understand that this may mean, at times, my child may be off church property and riding in a vehicle driven by the paid or volunteer leadership of Newburg UMC, public transportation or chartered vehicle. In the event that my child may be injured, the volunteer or paid leadership of Newburg UMC has my permission to obtain medical treatment for my child, as they deem necessary. I agree that I will be responsible for all medical bills incurred by my child during these activities. I will not hold Newburg UMC or the volunteer or paid leadership liable for injuries my child incurs at these events. I understand that my child may be asked to leave an event if they are not behaving in a respectful and responsible manner. In the event that removal is needed, I understand any cost incurred will be my responsibility. I understand that it is my responsibility to update the information on this form as needed.

I understand that my child/youth will be participating in a number of activities throughout the 2016/2017 year which carry with them a certain degree of risk. Some of the activities are riding in a vehicle, games, swimming, canoeing/kayaking, hiking, and camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

\_\_\_\_\_  
Signature/Relationship (Parent or Guardian of minor participant) Date: \_\_\_\_\_

## MEDICAL RELEASE AND WAIVER

In the event of an emergency situation in which medical treatment is required for the participant listed above, as a result of participation with Newburg United Methodist Church, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to those adults in attendance of the specific event (this may be noted on event permission slips). I accept responsibility for any medical expenses that are not covered by my medical insurance. I will provide and undated Medical Release Form to the Director of Youth Ministries at Newburg United Methodist Church if and when any of the information provided on this form changes.

\_\_\_\_\_  
Signature/Relationship (Parent or Guardian of minor participant) Date: \_\_\_\_\_

## MEDIA RELEASE AND WAIVER

I agree that video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student during the activities may be used, distributed, or shown as the Church sees fit.

\_\_\_\_\_  
Signature/Relationship (Parent or Guardian of minor participant) Date: \_\_\_\_\_

Check here if you do not give permission for media (photos, videos, etc.) to be shared of your participant.

## TRANSPORTATION RELEASE

I authorize my child, youth or vulnerable person I am responsible for, to be transported to and from an event, program or activity of the Newburg UMC, its districts or agencies, by Youth Chaperones. I understand that there will only be one adult in this vehicle and that this adult may or may not be a certified caregiver of the conference

\_\_\_\_\_  
Signature/Relationship (Parent or Guardian of minor participant) Date: \_\_\_\_\_