

# Sunrise UMC Youth Ministries Medical Release and Contact Form

To be updated for participation in 2017-2018 Youth Events

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Track: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tshirt Size: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

Parent 1 Cell Phone: \_\_\_\_\_

Parent 2 Cell Phone: \_\_\_\_\_

Parent 1 Other/Work Phone: \_\_\_\_\_

Parent 2 Other/Work Phone: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group & Policy Numbers: \_\_\_\_\_

List any dietary needs or allergies to any medications, foods, animals, etc. \_\_\_\_\_

List any medical conditions or restrictions that the youth has: \_\_\_\_\_

Please list the type and dosage of any medications: \_\_\_\_\_

*Please list any other medical information we should know on the back or on an attached sheet*

### **Please read the following and sign below:**

We (I) hereby grant our (my) permission for my child to participate fully in the events and activities sponsored by or attended by Sunrise United Methodist Church. Authorization and permission is hereby given to Sunrise UMC to furnish any necessary transportation, food, and lodging, for this participant during the excursions and activities of the youth ministry program.

I understand all safety precautions will be taken at all times by SUMC and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold SUMC, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred. Furthermore, I, on behalf of my youth, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved.

I understand that in the event medical or dental intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached or the alternate contact persona cannot be reached in an emergency, I hereby give my permission to a licensed Physician or Dentist at an office or hospital selected by the activity leader to secure medical treatment and/or to order an examination, injection, x-ray, anesthesia, or surgery for my child as deemed necessary, using the above insurance. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance coverage and that I am responsible for the payment of any medical bills.

I approve the use of photographs taken during youth events that include my child to be displayed on the church website and social media. Should it be necessary for this youth to return home for any reason medical, disciplinary, or other, the undersigned shall assume all transportation costs. I (we) have read this authorization and agree.

Parent(s) or Gaurdian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_