



WUMC Youth Ministry 2021

Medical and Liability Release Form

Effective Dates: January 1, – December 31, 2021

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth Full Name _____ Nickname _____

Home Address _____

Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers in best order to be reached: _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Relation: _____

Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

MEDICATION List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participants are required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event.**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
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Over-the-Counter Medication Permission: Do you give permission for your youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.
Parent signature_____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.
Parent Signature_____

MEDICAL TREATMENT PERMISSION: In the event that I cannot be reached in an emergency, I hereby give my permission to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by WUMC.

PHOTO RELEASE: I understand WUMC may use my child's photograph on the WUMC website or other publications such as brochures or local advertisements.

_____ Initials of parent/guardian

Date _____

WEDDINGTON YOUTH MINISTRIES BEHAVIOR COVENANT STATEMENT

The following rules and guidelines are equally binding on adult leaders/chaperones and youth.

I understand that WUMC youth ministries are for Christian nurture and growth for myself, as well as every other individual participating. Therefore, I will show respect for all attending, in particular those holding leadership positions. I understand that once committed to a church activity on or off church property I am not permitted to leave the activity until the event is concluded. I will observe the curfew set by my leaders, respect all facilities being used and encourage others to do the same. I will not use tobacco, nor alcohol or illegal drugs. I will not bring weapons of any sort. I take it as my personal responsibility to support a healthy Christian atmosphere through my actions, language and the clothes that I wear. I recognize that failure to comply with instructions can cause serious problems and, upon consultation with counselors and staff, may result in immediate contact of parents to make arrangements for my return home at their expense. I have read the above paragraph and agree to be responsible for my behavior in accordance with the guidelines stated above. My parents and I understand violation of the guidelines may result in my being sent home.

Attending Youth Signature _____

I have read the foregoing. I fully understand its contents, understand that this agreement is effective January 1, 2021 – December 31, 2021, and I confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Parent/Guardian Name (print)

X

Parent/Guardian Signature

Date