First Universalist Church of Minneapolis

Youth Participation Release and Authorization for Emergency Medical Treatment

Required for all Youth participating in church-sponsored events (at church or off-site) where Youth will be in attendance without a legal Parent/Guardian

I, _____, the undersigned represent that

I am the Parent/Guardian of my child: _____.

I hereby grant permission for my child to participate in activities at First Universalist Church from September 9, 2018 to September 8, 2019.

I agree that First Universalist Church may take and may use photographs of my child to help publicize their programs. I do not expect any compensation for the use of any images. This agreement extends to written and web-based material. I understand that my child will never be named in any photographs taken or used.

I agree and hereby do release and hold harmless First Universalist Church, its staff, and/or any and all adult supervisors for the activity from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my child may sustain while engaged in the activity. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries which may be caused or contributed to by my child to the person or property of others.

In addition to the permissions granted above, I furthermore grant permission for my child to be transported to and from the location by reasonable and safe means. I hereby do release and hold harmless First Universalist Church, its staff, and all adult supervisors for the activity from and for any and all liability which may arise for damages, loss or injuries, either to person or property that may be sustained through transportation to and from the activity.

Should any injury occur, I grant permission for my child to receive medical treatment from an appropriate health care provider to be selected by the adult supervisor of the activity when, in such supervisor's opinion, the need for such treatment is immediate and when efforts to contact me are unsuccessful. I also agree to pay and be responsible for all medical, hospital, or other expenses which First Universalist Church and/or any and all adult supervisors may incur as a result of securing such treatment.

Parent/Guardian Name(s): _____

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

First Universalist Church of Minneapolis

Youth Health Information Form

Required for all Youth participating in overnight events (at church or off-site)

Youth's Full Name: _____ **Date of Birth:** _____

Home Phone_____ Cell Phone 1_____ Cell Phone 2_____

Emergency Contact Person *(other than parent)*_____ Phone_____

Youth's Physician Name and Phone: _____

Health Insurance Provider and Policy Number: _____

Health Insurance Provider Address and Phone: _____

Allergies:

□ Youth has no known allergies.

□ Youth is allergic to the following medication(s): _____

□ Youth is allergic to the following food(s): _____

Describe the reaction if the food is eaten and what is done to manage it.

Please note: Youth are responsible for managing their food intake.

_____

Child's Dietary Restrictions *(incl. vegetarian)*_____

Health Concerns: *Please check all concerns/conditions that affect this youth.*

□ Asthma □ Diabetes □ Menstrual Cramps

□ Headaches □ Seizure Disorder □ Encopresis (difficulty with bowel control)

□ Sleepwalking □ Fainting □ Surgical History of Consequence

□ Mental Health Diagnosis □ Substance Use Issue □ Social or Behavioral Issues

□ Youth has been hospitalized in the past six months □ Other: _____

□ Youth has no known health concerns or chronic conditions

Please provide detailed information about appropriate management of each checked concern/condition.

_____

Medication: *Please include any substance taken to maintain/improve health, including homeopathic remedies and vitamins. Please bring medication in original container; on trips, bring extra in case of delayed return.* ***Please note: Youth are responsible for managing and taking their own medications without assistance or supervision (except from their parent/guardian). Youth who cannot do so should not attend.***

□ Youth will not take any daily medications during this event/trip.

□ Youth will take the following medication(s) at the following dose(s) during this event/trip:

_____

What Have We Forgotten to Ask? *Please provide any additional health information that may impact your youth's ability to fully and safely participate in the trip/event by noting it below or attaching it to this form.*

_____

My signature below certifies that: **The information provided above is accurate and complete, and I grant permission for the information I have provided to be released to event staff and adult chaperones as deemed necessary by church staff, in service of my youth's health, safety, and well-being.**

Parent/Guardian Name(s): _____

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