

# Youth Medical Release, Photo Release, & Permission Form

## January 1, 2023 - December 31, 2023

Youth's Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Youth's Cell # \_\_\_\_\_

Youth's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ School Attending \_\_\_\_\_ Year in School \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Ph # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Ph # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Ph # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Ph # \_\_\_\_\_

Dentist \_\_\_\_\_ Ph # \_\_\_\_\_

\_\_\_\_\_ has my permission to attend all youth activities

### sponsored by Fohl Memorial UMC Youth Group from January 1, 2023 - December 31, 2023.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the church and its staff of any liability against personal losses of named child.

Activities may include, but not limited to: cookouts, swimming, water slides, games, camping, hiking, Bible studies. Note: if you desire to limit your child's participation in any event, please submit your wishes in writing to the church prior to that event.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, the youth leader, its pastor, employees, agents, drivers, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and /or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

### Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and or knowledge, is your student a: \_\_\_ Good Swimmer \_\_\_ Fair Swimmer \_\_\_ Non-swimmer

2. Does your child have allergies to: \_\_\_ Pollens \_\_\_ Medications \_\_\_ Food \_\_\_ Insect Bites

Please specify if needed:

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

\_\_\_ Asthma

\_\_\_ Epilepsy/Seizure Disorder

\_\_\_ Heart Trouble

\_\_\_ Diabetes

\_\_\_ Physical Handicap

\_\_\_ Frequently Upset Stomach

\_\_\_ Recent Surgery

\_\_\_ Recent Serious Injury

4. Medications taken regularly for asthma, allergies, etc. \_\_\_\_\_

5. Date of last Tetanus shot: \_\_\_\_\_

6. Does your child wear: \_\_\_ Glasses \_\_\_ Contact Lenses

7. Please list and explain any major illnesses the child experienced during the last year:

\_\_\_\_\_  
\_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

### Fohl Memorial UMC Minor Photo Release

\_\_\_ I **give permission** to Fohl Memorial UMC to publish in print, electronic, or video format the likeness or image or voice of my child, including in any media coverage. I release all claims against Fohl Memorial UMC with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I recognize that when images are published, Fohl Memorial will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers.

OR

\_\_\_ I **decline permission** for Fohl Memorial UMC to publish in print, electronic, or video format the likeness or image of my child.