

Edmonds UU Church CONSENT - MEDICAL - RELEASE FORM

I, _____ (parent/guardian name) am the parent or legal guardian of _____ (youth name). I understand this form will cover my youth for the 2009- 2010 church year; that each event will require my permission and signature on a short form and that I am responsible to submit an updated form if there are changes in any of the information below.

I give my consent and authority for the Edmond's UUC staff or designated adult to take action to help ensure the safety, health and welfare of my son/daughter/ward. I understand that if s/he breaks any federal/state/provincial or local laws, s/he will be asked to leave THE EVENT and I will be informed. I also request and empower the Edmond's UUC staff or designated adult to authorize medical personnel and hospitals to provide all medical care, including but not limited to hospital tests, emergency surgical care, pathology, radiology and anesthesia, surgery and prescriptive drugs for the health of my child.

The child/youth covered by this authorization is:

Full Name _____ Age: _____

Parent/Legal Guardian _____

Home Address _____

City/State/Zip _____

Day Phone _____

Home Phone _____

Business Phone _____

Evening Phone _____

Contact In Case of Emergency:

Name _____

Cell Phone _____

Health Care/Insurance Information:

Name of Dentist: _____

Phone _____

Name of Doctor _____

Phone _____

Medical / Health Information:

To best care for your youth, please list any and all Medical/Health/Behavioral issues so the chaperones and sponsors are well informed. Please include any current medications, allergies or other pertinent information.

I grant permission for my youth to be given over the counter pain medicine such as Tylenol.

Yes No

Do you carry family medical/hospital Insurance?

Yes No Not at this time

Name of parent/person holding the insurance policy:

Health Insurance Agency Name:

Policy # _____ Group# _____

Phone # on insurance card: _____

The Undersigned, on his/her own behalf, and on behalf of her/his minor child/ward, does hereby RELEASE, discharge and covenant to hold harmless the Edmonds Unitarian Universalist Church, its officers, employees and volunteers, from any and all claims, causes of action, and liability of any kind or nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the child's / ward's attendance or participation in youth activities.

Parent/Guardian's Signature

Date