

UNITY CHURCH OF CHRISTIANITY

MEDICAL/LIABILITY RELEASE

(Year: 2010-2011)

FOR ACTIVITIES SPONSORED BY THE UNITY HOUSTON YOUTH GROUPS AND S.C.U.C.A. REGION (Complete **in INK.**) This form will be kept on file through summer (July 2011) it must be UPDATED if any information changes.

NAME OF PARTICIPANT: _____ Birth Date: ___/___/___ Grade: _____

LEGAL GUARDIAN(s): _____ Relationship: _____

E-MAIL ADDRESS: _____

Address: _____ City, State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency contact NAME & NUMBER: _____

MEDICAL HISTORY:

I certify that the named participant is in good health and able to participate in all activities: ___ YES ___ NO

If NO, specify limits of participation: _____

Is participant allergic to any food or medication? ___ YES ___ NO

If YES, please specify: _____

Is participant currently under a doctor's supervision for...? ___ Epilepsy ___ Diabetes ___ Asthma ___ Allergies

Please list allergies not listed above: _____

(Group leaders must be informed of any prescription medication brought by youth, with clear information as to proper use and dosage. If medication is needed, your child must understand the symptoms of their condition and know when to ask for help.)

Other condition or special-care needs (specify): _____

Current Medication: _____. Date of last Tetanus shot: ___/___/___.

Please check which over-the-counter medications you will **NOT** allow to be dispensed to this participant:

___ Aspirin ___ Pepto Bismol ___ cough suppressant (e.g. Robitussin, menthol cough drops)

___ Acetaminophen (Tylenol) ___ Ibuprofen (e.g. Advil, Motrin) ___ Nasal Decongestant (e.g. Sudafed)

INSURANCE INFORMATION, MEDICAL CONSENT & LIABILITY RELEASE:

FAMILY PHYSICIAN (name & phone number): _____

Participant has Medical Insurance coverage: ___ YES ___ NO If YES, complete medical information below***

MEDICAL INSURANCE (company & policy number): _____

Phone # to verify coverage or submit claim: _____ Policyholder's name: _____

*** Attach copies of INSURANCE CARD(S) to form.

UNITY CHURCH OF CHRISTIANITY

As the legal guardian, if the participant is a minor under the age of 18, I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and, I understand and consent to all terms outlined in this document. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth Ministry activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable the Unity Church of Christianity, the Association of Unity Churches ('the Association') or the South Central Region of the Association ('the Region'), their employees, agents and event/youth group leaders for any injury, illness or property damage involving the above-named participant, no matter how caused. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same. If the above-named participant is incapacitated or under age 18, I do hereby authorize group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, and hospital care which is deemed advisable by a state-licensed physician or surgeon.

PARENT SIGNATURE _____ Date: ____/____/____

*******YOUR SIGNATURE MUST BE NOTARIZED, or WITNESSED BY CHURCH STAFF*******

Witnessed by: _____
Signature Print Name Date

PARENTAL CONSENT, for minor under age 18:

As legal guardian of the above-named minor under the age of 18, I give my permission for him/her to be involved in the Youth Ministry program(s) of Unity Church of Christianity and the SCUCA Region. I am familiar with the general goals and purpose of the program(s). I understand I will be notified of any special activities and trips away from church, including location, form of travel and cost. Should my child choose to attend such activities, I agree to send them with the appropriate clothes, personal items and money needed. Unless I have made special arrangements with a group leader, transportation to/from church or group activities, or to a common drop point for group travel, is the child and parent's responsibility. If my child needs to be sent home for any reason, including behavior problems or medical reasons, I agree it will be at my expense.

OTHER RELEASES:

Photography release: I hereby grant Unity Church of Christianity, the Region, and their representatives permission to use, without compensation or restriction, photographs and videotape images (from local and regional Unity events) in which the participant appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.

Confidentiality: I understand that health information of this form will only be shared, as needed, with group leaders, church staff and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to outside organizations. However, since it is common practice for the Church (or Region) to publish a participant's address, phone number and/or birthday on the group's roster, if they actively participate in the group. I authorize the publication of such information on a local (or event) roster EXCEPT for the following (please specify):

Limit of consent: The consent outlined in this Medical/Liability Release, concerning my child's participation in Unity Houston Youth Groups or SCUCA Region activities, expires **July 5, 2011** (or earlier, if listed here: **It is my responsibility to notify the group leaders or minister if any information changes or I decide to withhold consent.**)

PARENT SIGNATURE _____ Date: ____/____/____

ABOUT INSURANCE CARDS -- IT COULD BE IMPORTANT!

A hospital may require a child's Social Security number and/or insurance card (as proof of insurance) before treatment or admittance. You should make sure your child carries that information to events, or you can provide that information here:

- Above-named minor's **SS#** _____ - _____ - _____
- Attach copies (front **and** back) of **insurance card**