

Soapstone United Methodist Church
Medical, Permission, and Liability Release Form
For UMYF, Praise Band, Choirs, Confirmation, Mission Trips
6/1/2011 – 9/1/2012

We (I) the parent(s) or legal Guardian(s) of _____
hereby grant our (my) our permission for him/her to participate fully in the events and activities
sponsored by or attended by Soapstone United Methodist Church during the time period of June
1, 2011 through September 1, 2012.

Authorization and permission is hereby given to said church (Soapstone UMC) to furnish any
necessary transportation, food, and lodging, for this participant during the excursions and
activities of the youth ministry program.

I understand all safety precautions will be taken at all times by Soapstone United Methodist
Church and its agents during all events and activities. I understand the possibility of unforeseen
hazards and know the inherent possibility of risk. I agree not to hold Soapstone United Methodist
Church, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or
injuries incurred by the participant who is the subject of this form. Furthermore, I, on behalf of
my youth, hereby assume all risk of personal injury, sickness, death, damage, and expense as a
result of participation in recreation and work activities involved therein.

I understand that in the event medical or dental intervention is needed, every attempt will be
made to contact immediately the persons listed on this form. In the event I cannot be reached or
the alternate contact persona cannot be reached in an emergency, I hereby give my permission to
a licensed Physician or Dentist at an office or hospital selected by the activity leader to
hospitalize, to secure medical treatment and/or to order an examination, injection, x-ray,
anesthesia, or surgery for my child as deemed necessary.

I understand that Soapstone United Methodist Church does not carry accident or medical
insurance on participating volunteers. I agree that my insurance company will be used for such
medical care expenses. I am aware that I may be billed by the medical provider for any medical
treatment expenses not covered by my insurance coverage and that I am responsible for the
payment of any medical bills. Please attach a copy of your insurance card.

I do hereby certify that my child, _____, had permission
to participate in all activities approved by the Youth Council from June 1, 2011 through
September 1, 2012.

_____ yes _____ no

I do hereby give Soapstone United Methodist Church permission to use my child's photograph in
church newsletters, for television, for the church directory, or for area newspapers.

_____ yes _____ no

I do hereby give Soapstone United Methodist Church permission to use my child's photograph on the church website (understanding that his/her name will not be used).

_____ yes _____ no

_____ Date ____/____/____
Participant

_____ Date ____/____/____
Parent/s Signature

_____ Date ____/____/____
Legal Guardian Signature

This is the _____ day of _____, 20__.

Signature/Relationship (Parents or Guardians of minor participants)

Personally appeared before me, _____, a Notary

Public of _____ County in the State of

_____, the persons whose signatures appear above

and acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

**Soapstone United Methodist Church
Medical Information Form**

Youth's Name _____ Date of birth ____/____/____
Last First Mid. Initial

Preferred Name _____ Grade for 2011-2012 _____

Address _____
Street City State Zip Code + Four

Primary Phone _____ Youth's Email _____

Height _____ Weight _____

Parent/Guardian _____ Relationship to Youth _____
Last First Mid. Initial

Address _____
(If different from youth)

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

Parent/Guardian Email _____

Parent/Guardian _____ Relationship to Youth _____
Last First Mid. Initial

Address _____
(If different from youth)

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

Parent/Guardian Email _____

Contact in case of emergency (when parents/guardians cannot be reached)

Name _____ Relationship to Youth _____

Address _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

Insurance Information (Please attach a copy of your insurance card.)

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury incurred during any youth ministry event or activity.

Do you have health insurance? _____ yes _____ no

Name of Insurance Company _____

Claim address _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Health Provider Information

Personal Physician _____ Phone Number _____

Dentist _____ Phone Number _____

If your child should require medical attention for injuries received or illnesses contracted prior to any event or activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry.

Health History

Pre-existing or present medical conditions including allergies:

Name and dosage of any medications that must be taken

Allergies to medications?

Concerns:

_____ Hay Fever _____ Heart Conditions _____ Diabetes

_____ Insect Stings _____ Asthma _____ Motion Sickness

_____ Bladder Problems _____ ADD/ADHD _____ Frequent Stomach Upsets

_____ Physical Handicap _____ Epilepsy/Nervous Disorders

_____ Headaches _____ Any major illness during the past year?

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions)

Date of last Tetanus Shot _____ Date of Last Physical _____

Glasses/Contact Lenses ____ yes ____ no

Any activity restrictions? Ex. Swimming If so, please explain.

For routine Medical Care (Headaches, scraped, or insect bites, etc...) please check the following that can be given by an adult accompanying the event or activity:

_____ Tylenol _____ Motrin _____ Ibuprofen

_____ Neosporin ointment _____ Dramamine _____ Hydrocortisone cream or Benedryl

_____ Other _____