

# Memorial UMC Youth Fellowship Individual Medical Form

Youth Name \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents / Guardians : \_\_\_\_\_

The purpose of this form is to ensure consent from parents for participation in all activities with Memorial United Methodist Church youth fellowship. It is also a form granting permission for the treatment of minors who become ill or injured when the parents or guardians cannot be reached to give consent for treatment. Every reasonable attempt will be made to contact the parent(s)/guardian listed below.

## Emergency Information: (Person to contact in case of emergency)

Name \_\_\_\_\_ Relation to Participant \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Family Doctor's Phone \_\_\_\_\_

Insurance Information: Participant is covered by a medical insurance policy: Yes No

Insurance Company Name \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Group Policy Number \_\_\_\_\_ Authorization Phone Number \_\_\_\_\_

## Health History:

Allergies/special health concerns/needs: \_\_\_\_\_

Medication(s) you can NOT take: \_\_\_\_\_

Medication(s) being taken: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Any Medical History that needs to be noted: \_\_\_\_\_

\_\_\_\_\_

## Permission/Release/Authorization (For participant's under 18)

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_, to attend and participate in any Memorial UMC youth fellowship activities. In order for my child to receive necessary medical treatment from the medical staff and/or the staff physicians of the hospital and clinics in case of injury or illness, I hereby authorize the event leaders to obtain and consent to medical treatment for my child for such injury or illness during any Memorial UMC youth fellowship activities. I hereby release and discharge volunteer staff, Memorial United Methodist Church and its representatives, employees, and agents from any and all debts, judgments or suits of any kind which may arise or be occasioned as a result of participant's participation in any Memorial UMC youth fellowship activities.

I further acknowledge and understand that by participating in these activities there is a possibility of physical illness or injury that my child is assuming the risk for such illness or injury by her/his participation. Payment of any medical bills will be paid by me or my insurance company.

Signature of Parent/Guardian Signature of Participant: \_\_\_\_\_