

YOUTH MINISTRY HEALTH INFORMATION & LIABILITY RELEASE FORM
Belmont United Methodist Church, 2007 Acklen Avenue, Nashville, Tennessee 37212

Why fill out this form?

The care of your minor child while he/she is away from home is of utmost importance to us. While we pray it will not happen, prompt emergency medical treatment may become necessary in the event your child is injured or becomes ill while in our care. Unless a child's injuries are life threatening, physicians and hospital personnel cannot treat him/her without parental or legal guardian consent. Precious time may be lost while trying to contact you or your insurance company. This form is your consent for medical treatment in the event that your child is injured or becomes ill while with the fellowship group.

Please complete all sections of this form, front and back, and return it to the Church Office.

Contact Information (Please print in ink)

Youth Name: _____ Gender: Male Female DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Youth Cell # _____ Email _____

Parent/Guardian Name(s) _____

Parent Cell # _____ Parent Email _____

Parent Cell # _____ Parent Email _____

Emergency Contact: _____ Home # _____ Cell # _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Please attach a copy of current health insurance card to this form.

Medical History

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

1. Does this child have allergies to: Pollens Medications Food Insect bites

If yes, please List: _____

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

Asthma Epilepsy / seizure disorder Heart trouble Diabetes

Frequently upset stomach Physical handicap Other _____

3. Does this child wear contact lenses? Yes No

4. Should any activities be restricted? Yes No If yes, which activities _____

5. Date of this child's last tetanus shot: _____

6. Do you have any additional concerns/information you would like us to be aware of?

Parent Medical and Liability Release Statement

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events and participate in all activities and programs being organized by Belmont UMC, which may involve either traveling in church-owned vans or in other buses or private vehicles. I/We understand that there are inherent risks involved in any ministry or athletic event, program, or activity, and I/we hereby release Belmont UMC, its pastors, employees, agents, 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. I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I/we cannot be reached in an emergency, I/we hereby give my/our permission to the health care provider selected by the activity leader or his/her designee to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. In the event treatment is required from a physician and/or hospital personnel designated by Belmont UMC, 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 child named above. I/we also agree to bring my/our child home at my/our own expense should he/she become ill or if deemed necessary by the youth ministries staff member. I/We have legal authority to sign this permission, release, and consent to medical treatment. I/We will keep informed of the church-sponsored activities for my/our child. If I/We do not want my/our child to accompany the group or participate in any specific church-sponsored activity, I/we will take sole responsibility to see that my/our child does not attend or participate in the activity.

This authorization shall be effective continuously from the date hereof until cancelled by written notice by Belmont UMC. Please note that it is the responsibility of each parent, guardian, or managing conservator to update this information as the need arises.

This consent is valid unless revoked in writing by the Parent/Guardian.

Parent/Guardian's Signature _____ Date _____