



## Kids/Youth: Permission, Release & Medical Form

### **Child's Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Nickname: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Secondary Address: \_\_\_\_\_

Child's Home Phone: \_\_\_\_\_ Child's Cell Phone: \_\_\_\_\_

### **PARENT(S) / GUARDIAN(S) INFORMATION**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

### **EMERGENCY CONTACTS (OTHER THAN PARENT /GUARDIAN)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### **PARENTAL CONSENT**

The undersigned does hereby give permission for my child (child's name) \_\_\_\_\_ ("Participant"), to attend and participate in any Hickory Grove United Methodist Church Kids activities, (including but not limited to worship, activities, events, retreats, lock-ins, trips, mission activities). This form is only valid for one (1) year after submittal.

**LIABILITY RELEASE:** In consideration of HGUMC allowing the Participant to participate in kids/youth ministry (including but not limited to worship, activities, events, retreats, lock-ins, trips, mission activities), I, the undersigned, do hereby release, forever discharge and agree to hold harmless HGUMC, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property loss, damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved

(including transportation to and from) the kids/youth activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in kids/youth ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of personal injury, sickness, death, personal or property damage/loss and expense occurring as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred to attendant thereto.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/youth to be transported in charter buses, rental vans, public transportation and/or other appropriate modes of transport as selected/assigned by HGUMC staff/volunteer, as well as in any vehicle driven by an approved and licensed adult chaperone, while attending and participating in activities sponsored by HGUMC. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation in a vehicle with seat belts. **LUGGAGE AND PERSONAL BELONGINGS:** I acknowledge that neither my child or youth nor I have any expectation of privacy with respect to luggage, bags, pockets, coats or any other personal items (including but not limited to cell phones, cameras, data messaging/gathering devices, laptops, computers and/or personal effects including toiletries) brought to any youth events or activities. I certify that I am responsible for the contents of my child's luggage, and it will not contain any illegal or prohibited substances or items. I hereby give my consent to the search of my child's luggage and/or other possessions at the sole discretion of the HGUMC staff/volunteer. I understand and agree that the kids/youth ministry's role in caring for our youth, staff, volunteers and other third parties supersede any notion of privacy or confidentiality with respect to these belongings. Finally, I understand that my child's prevention of, or interference with, the inspection of his/her personal belongings will result in his/her early return home as described above. Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, I will assume all transportation costs and responsibility. I understand that a youth leader, volunteer, chaperone and/or other adult will not be available to accompany my child home.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, I will assume all transportation costs and responsibility. I understand that a youth leader, volunteer, chaperone and/or other adult will not be available to accompany my child home.

Name of Youth Participant	Signature of Youth Participant	Date

  

Name of Parent / Guardian	Signature of Parent / Guardian	Date

**MEDICAL INFORMATION MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization. As parent or guardian of the above-mentioned child, I/we understand that authorization/consent for the

disclosure of the child's protected health information is a condition for participation in an athletic activity with Hickory Grove United Methodist Church. I/we further understand that this health information might otherwise be protected by the Health Information Portability and Accountability Act (HIPAA) and may not be disclosed without either parent/legal guardian authorization under HIPAA. This health information may concern the child's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. I/we acknowledge and consent that on an as needed basis, and in the sole discretion of Hickory Grove United Methodist Church, this information may be disclosed to church officials and administrators well as health care providers, hospitals and/or medical clinics and/or laboratories, coaches, and medical insurance coordinators As the parent/legal guardian, I understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA. I/We, the parent/legal guardian, understand that I/we may revoke this authorization/consent at any time by notifying in writing a school administrator or the head coach. This authorization/consent expires one year from the date it is signed.

**MEDICAL CONDITIONS:** Please answer in detail or write N/A. Attach additional pages if necessary.

1. Please list all known medical conditions (Asthma, Diabetes, Epilepsy, etc.):

---

---

---

2. List any allergies (drug / medicine, food, and/or environmental) and the severity and type of reaction

---

---

---

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know:

---

---

---

### **PRIMARY CARE PHYSICIAN**

Name: \_\_\_\_\_

Phone(s): Fax: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required): \_\_\_\_\_ (Attach verification to this form)

### **INSURANCE INFORMATION**

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name (please print): \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_

**REQUIRED: COPY OF MEDICAL CARD:**

Attach a copy of medical insurance card:





## Youth

**MEDICATIONS:** List all medications the youth may take during any youth ministry trips or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL MEDICATIONS to the adult leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry with them any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.

Medication Name:	Dose:	Treatment for:	Dispensing instructions:
Example: Zyrtec	5mg	Seasonal allergies	Take one pill daily in the morning with food

**OVER-THE-COUNTER MEDICATION:** Do you give permission for an adult youth leader to give your child/youth over-the-counter medications needed and as directed on the label, to treat medical conditions that do not appear to require a doctor or hospital visit such as a headache, stomachache, or allergic reaction (including, but not limited to aspirin, acetaminophen, ibuprofen, antacids, antihistamines, antibiotic ointments, etc.) while at a youth ministry event?

☐

YES. I give permission for an adult youth leader to give my child / youth approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions. (If your child is allergic to any medications, please list those medications here:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐

NO. Contact me before administering any over the counter medication to my child / youth. If I cannot be reached, I understand that my child will not receive any over-the-counter medications from an adult leader.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL CONDITION RELEASE:** I hereby represent that my child/youth is in good health, that I have identified all known medical conditions, and that I have adequately informed HGUMC youth staff (in writing) of any special concerns. **I understand that trained medical personnel will not necessarily be present at all HGUMC Kids/Youth events, and I authorize HGUMC staff and/or volunteers to call for medical care or to transport my child to a medical facility or hospital if, in the opinion of such staff/volunteer, my child needs medical attention. I further authorize appropriate medical**

**personnel to render such treatment as is necessary, in their professional opinion, for the health of my child.**

---

Name of Parent / Guardian

Signature of Parent / Guardian

Date