

NAME:	GRADE:	T-SHIRT	S	M	L	XL	PD.
Address:	City:	Zip:	Phone:				
Email:	Age:	DOB: / /	Gender M F				

Medical Information Section

Insurance Company	Policy Number	Insured Employer
Family Physician	Phone	
Emergency Contact	Phone	
Alternate Contact	Phone	

Is your child currently taking medications? Yes No If yes, list medications, dosages, and schedule.

I hereby grant the leaders and volunteers of the UMYF permission to administer over the counter medication to my child as deemed necessary, including but not limited to: Tylenol, Aspirin, Motrin, Benadryl, Senokot, etc. I agree not to hold them liable in the event of damages, losses, diseases, or injuries incurred by any over the counter medication. I understand that if I do not sign this agreement, no over the counter medications will be given to my child without first giving verbal consent at that time via a collect phone call.

Please Note: Except for Inhalers, all medications will be given to the Medical Officer upon arrival. Participants are responsible for obtaining their medications from the medical officer when the dosage is needed.

Does your child have any allergies? Yes No If yes, list causes of allergies and reactions to be avoided.

Does your child have a present medical condition? Yes No If yes, please list and explain in detail.

I understand that, in the event my child needs medical intervention, Hale United Methodist UMYF and its staff and volunteers will make every reasonable attempt to immediately contact the persons listed on this form. In the event that the UMYF or its staff and volunteers cannot reach me in an emergency during the activity dates shown on the form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that participating in the UMYF activities will require my child to be transported to and from events by adult volunteers. I understand that the UMYF and its staff and volunteers will take reasonable safety precautions during these events and all activities associated with these events. I understand the possibility of unforeseen hazards and realize that the possibility or risk is inherent in participating in such events and activities. In the event that my child is disrespectful, disobedient, insubordinate, or disruptive to the UMYF leaders, volunteers, or other youth during the time of the event, I understand that appropriate disciplinary actions will be taken as needed. **I AGREE NOT TO HOLD THE HALE UNITED METHODIST CHURCH, UMYF, OR ANY OF ITS LEADERS AND VOLUNTEERS LIABLE FOR DAMAGES, LOSSES, DISEASES OR INJURIES INCURRED BY MY CHILD WHILE PARTICIPATING IN THESE EVENTS.**

I give _____ permission to attend the _____

Signature of Parent/Guardian	Date Signed
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