

First Universalist Church of Minneapolis, 2016-2017
Children & Youth Participation Release/
Authorization for Emergency Medical Treatment

I, _____, the undersigned represent that I am the
Parent/Guardian of my child: _____.

I hereby grant permission for my child to participate in activities at First Universalist Church from September 2016—May 2017.

I agree that First Universalist Church may take and may use photographs of my child to help publicize their programs. I do not expect any compensation for the use of any images. This agreement extends to written and web-based material. I understand that my child will never be named in any photographs taken or used.

I agree and hereby do release and hold harmless First Universalist Church, its staff, and/or any and all adult supervisors for the activity from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my child may sustain while engaged in the activity. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries which may be caused or contributed to by my child to the person or property of others.

In addition to the permissions granted above, I furthermore grant permission for my child to be transported to and from the location by reasonable and safe means. I hereby do release and hold harmless First Universalist Church, its staff, and all adult supervisors for the activity from and for any and all liability which may arise for damages, loss or injuries, either to person or property that may be sustained through transportation to and from the activity.

Should any injury occur, I grant permission for my child to receive medical treatment from an appropriate health care provider to be selected by the adult supervisor of the activity when, in such supervisor's opinion, the need for such treatment is immediate and when efforts to contact me are unsuccessful. I also agree to pay and be responsible for all medical, hospital, or other expenses which First Universalist Church and/or any and all adult supervisors may incur as a result of securing such treatment.

***My signature below certifies that:* The information above and completed on the reverse is accurate and complete, and I grant permission for the information I have provided to be released to event staff and adult chaperones as deemed necessary by church staff, in service of my youth's health, safety, and well-being.**

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____ Date: _____

Please expand on any health information you wish to explain further here:

First Universalist Church of Minneapolis
Youth Health Information for Trips and Overnight Events

Youth's Full Name: _____ Date of Birth: _____

Home Phone _____ Cell Phone 1 _____ Cell Phone 2 _____

Emergency Contact Person (other than parent) _____ Phone _____

Youth's Physician Name and Phone: _____

Health Insurance Provider and Policy Number: _____

Health Insurance Provider Address and Phone: _____

Allergies:

- Youth has no known allergies.
- Youth is allergic to the following medication(s): _____
- Youth is allergic to the following food(s): _____

Describe the reaction if the food is eaten and what is done to manage it.

Please note: Youth are responsible for managing their food intake.

Child's Dietary Restrictions (incl. vegetarian) _____

This section required if your youth will participate in overnight events; otherwise, optional:

Health Concerns: *Please check all concerns/conditions that affect this youth.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Menstrual Cramps |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Encopresis (difficulty with bowel control) |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Fainting | <input type="checkbox"/> Surgical History of Consequence |
| <input type="checkbox"/> Mental Health Diagnosis | <input type="checkbox"/> Substance Use Issue | <input type="checkbox"/> Social or Behavioral Issues |
| <input type="checkbox"/> Youth has been hospitalized in the past six months | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Youth has no known health concerns or chronic conditions | | |

Please provide detailed information about appropriate management of each checked concern/condition.

Medication: *Please include any substance taken to maintain/improve health, including homeopathic remedies and vitamins. Please bring medication in original container; on trips, bring extra in case of delayed return.*

Please note: Youth are responsible for managing and taking their own medications without assistance or supervision (except from their parent/guardian). Youth who cannot do so should not attend.

- Youth will not take any daily medications during this event/trip.
- Youth will take the following medication(s) at the following dose(s) during this event/trip: _____

What Have We Forgotten to Ask? *Please provide any additional health information that may impact your youth's ability to fully and safely participate in the trip/event. Attach additional information if needed.*