

YOUTH INFORMATION

Name: _____ Date of Birth: _____ Grade: _____
 Address: _____ Home Phone: _____
 City, State, Zip: _____
 Parent(s) Name(s): _____
 Parent(s) cell phone (s) _____ Student cell phone: _____

INSURANCE INFORMATION

Is participant covered by a medical insurance policy? Yes _____ No _____
 Name of Policy Holder: _____ Relationship to Participant: _____
 Insurance company: _____ Policy number/Group number: _____
 Family Doctor: _____ Doctor Phone: _____
 Date of last tetanus shot _____

ALLERGIES AND MEDICAL CONDITIONS Please attach additional information if necessary.

List any allergies, including foods:

List any medical conditions:

List all current prescription and non-prescription medications:

PERMISSION TO DISPENSE NON-PRESCRIPTION MEDICATIONS

There are often times when over-the-counter medications are requested by youth or are necessary to relieve minor discomfort. Please indicate below which medications you authorize to be dispensed by a staff member or a designated adult sponsor. Please note that medications will **not** be distributed without parent/guardian permission, even if it means your youth remains uncomfortable.

YES _____ NO _____ Acetaminophen for pain relief (e.g. Tylenol)

YES _____ NO _____ Ibuprofen for pain relief (e.g. Advil, Aleve)

YES _____ NO _____ Digestive pain relief (e.g. Pepto-Bismol, Antacid, Imodium, Tums, anti-diarrhea)

YES _____ NO _____ Cold, allergy, and sinus relief (e.g. Claritin, Benadryl)

YES _____ NO _____ Motion sickness relief (e.g. Dramamine)

PARENT COVENANT

Permission and Medical Release: I, the parent or guardian, grant my permission for him/her to participate fully in all children/youth activities, events, and trips sponsored by First United Methodist Church of Birmingham (FUMC). In the event treatment is called for in which a physician (or hospital personnel) is needed, I authorize adult leaders, volunteer or paid, to give such consent for all necessary medical treatment if we cannot be reached or if because of an emergency. Should medical help be needed, I agree to pay either directly and/or through my own health insurance policy all medical or hospital costs and to be solely responsible for said treatment and the cost thereof. I will keep my contact information up to date so I may be contacted as needed.

Waiver of Liability: I, the parent or guardian, in consideration of my child/youth being allowed to participate in all children/youth activities, events, and trips, being the undersigned, intending to be legally bound, hereby waive and release all rights and claims for damages, for injury, accident, or liability of any kind which I might have against FUMC of Birmingham, church staff, volunteer leaders and other participants. I acknowledge that my youth will participate at his/her own risk. Further, the parent/guardian releases and promises to indemnify, defend and hold harmless FUMC of Birmingham for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of FUMC of Birmingham, the child/youth or otherwise.

Photo Disclaimer: I, the parent or guardian, give permission for my child/youth's photo or video to be placed on the website, in newspapers, publications, or in other promotional materials.

PARENT/GUARDIAN SIGNATURE: _____ ***DATE:** _____

*Good for 1 year from this date