



United Methodist Church of the Resurrection REZ Youth Orchestra and Handbell Program Medical Release 2017-18

YOUTH INFORMATION

Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
City, State, Zip: _____ Parent Cell Phone: _____
Parent(s) Name(s): _____

It is the parent's responsibility to enter updated information directly into "Charms," our online system.

INSURANCE INFORMATION

Is participant covered by a medical insurance policy? _____ Yes _____ N
Name of Policy Holder: _____ Relationship to Participant: _____
Insurance company: _____ Policy number/Group number: _____
Family Doctor: _____ Doctor Phone: _____

If you are insured, please provide a copy of the front and back of your insurance card.

ALLERGIES AND MEDICAL CONDITIONS

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.

| | | |
|------------|-----------|--|
| <u>YES</u> | <u>NO</u> | Acetaminophen for pain relief (e.g. Tylenol) |
| <u>YES</u> | <u>NO</u> | Ibuprofen for pain relief (e.g. Advil, Aleve) |
| <u>YES</u> | <u>NO</u> | Digestive pain relief (e.g. Pepto-Bismol, Antacid, Imodium, Tums, anti-diarrhea) |
| <u>YES</u> | <u>NO</u> | Cold, allergy, and sinus relief (e.g. Claritin, Benadryl) |
| <u>YES</u> | <u>NO</u> | 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 youth orchestra and handbell activities, events, and trips sponsored by the United Methodist Church of the Resurrection. 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 in charms so I may be contacted as needed.

Waiver of Liability: I, the parent or guardian, in consideration of my youth being allowed to participate all youth orchestra/handbell 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 the United Methodist Church of the Resurrection, church staff, volunteer leaders and other participants. I acknowledge that my youth will participate at his/her own risk.

Photo Disclaimer: I, the parent or guardian, understand my youth will be involved in public performance and give permission for my youth's photo or video to be placed on the website, in newspapers, publications, or in other promotional materials.

Supervisory Responsibility & early dismissal: I, the parent or guardian, understand that staff and volunteer leaders of the United Methodist Church of the Resurrection are responsible for my youth only while they voluntarily remain with the group. If my youth were to leave the group, I understand the United Methodist Church of the Resurrection, church staff, or volunteer leaders are not responsible. I have discussed this with my youth, and my youth is aware of our expectations for behavior while on the trip. I understand my youth may be sent home early at my expense with no refund if they do not follow the "participant covenant."

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

NOTARY PUBLIC USE ONLY:

On this _____ day of _____, the above signed personally appeared before me.

Notary Signature: _____