

Winter Connection Health and Release Form-Youth

This event is hosted by Dakotas Conference Council of Youth Ministry of the United Methodist Church. Because this is an overnight event we ask that you please complete the Health and Release form.

Participants Insurance Company 1000 Chars Left

Policy # 1000 Chars Left

Family Physician 1000 Chars Left

Physician's Phone # 1000 Chars Left

Health History

Please indicate which of the following conditions the participant has/or has had. Give dates if appropriate.

Medical Conditions

Ear Infections 1000 Chars Left

Seizures 1000 Chars Left

Asthma 1000 Chars Left

Diabetes 1000 Chars Left

Fainting 1000 Chars Left

Operations/ Serious Injuries 1000 Chars Left

Chronic/reoccurring Illness 1000 Chars Left

Other Pertinent Health Information

1000 Chars Left

Allergies

Any medications that cause allergic reaction 1000 Chars Left

Food Allergies and Treatment

1000 Chars Left

Insect Stings and Treatment 1000 Chars Left

List any other allergies not specified above. 1000 Chars Left

Other Information

Do you give permission for your youth to take over the counter medication if necessary? Are there over the counter medications that we cannot give to youth? 1000 Chars Left

Are there any activities which need to be monitored/avoided? 1000 Chars Left

Are there routine treatments or medication required during the event?

Yes

No

If yes, please specify 1000 Chars Left

Tetanus: (give date of last booster) (Click or tap inside the field to display calendar.)

Release

I am a Parent or Legal Guardian of the above named youth. I give permission for my son/daughter to participate in activities sponsored by the Conference Council of Youth Ministry at the event. I understand that event staff and their volunteer youth sponsors will accompany my son/daughter at the event. I understand that my son/daughter may travel in the provided transportation or in the private vehicles of youth sponsors once arriving at the event. I authorize the use of photographs of my youth by the youth ministry. The conference youth ministries may contact my youth/family by email. In case of emergency and I cannot be reached, I hereby give the event staff permission to act on my behalf in seeking emergency treatment for my son/daughter in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using only those measures deemed necessary (including x-ray examinations, anesthetics, medication, medical/dental emergency surgery). I release the Conference Council of Youth Ministry and the Dakotas Conference of the United Methodist Church from liability in acting on my behalf in this regard.

Parent/Guardian Signature * 1000 Chars Left

Date01/10/2019 11:27:50AM