



United Kids: Permission, Release & Medical Form
September 2023 – September 2024

CHILD'S INFORMATION

Name: _____ DOB: _____ Male: ____ Female: ____
Nickname: _____ School: _____ Grade: ____
Primary Address: _____
Secondary Address: _____

PARENT(S) / GUARDIAN(S) INFORMATION

Name: _____	Name: _____
Email: _____	Email: _____
Phone (Cell): _____	Phone (Cell): _____
Phone (Home): _____	Phone (Home): _____
Phone (Work): _____	Phone (Work): _____

EMERGENCY CONTACTS (OTHER THAN PARENT / GUARDIAN)

Name: _____	Phone: _____	Relation: _____
Name: _____	Phone: _____	Relation: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name) ("Participant"), to attend and participate in any Matthews United Methodist Church Kids ministry activities, (including but not limited to worship, activities, events, retreats, lock-ins, trips, mission activities) September 1, 2023 through September 30, 2024.

LIABILITY RELEASE: In consideration of MUMC allowing the Participant to participate in Kids Ministry (including but not limited to worship, activities, events, retreats, lock-ins, trips, mission activities), I, the undersigned, do hereby release, forever discharge and agree to hold harmless MUMC, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property loss, damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved (including transportation to and from) the Kids activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in Kids ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of personal injury, sickness, death, personal or property damage/loss and expense occurring as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred to attendant thereto.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to be transported in charter buses, rental vans, public transportation and/or other appropriate modes of transport as selected/assigned by MUMC youth staff, as well as in any vehicle driven by an approved and licensed adult chaperone, while attending and participating in activities sponsored by MUMC. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation in a vehicle with seat belts.



LUGGAGE AND PERSONAL BELONGINGS: I acknowledge that neither my child or youth nor I have any expectation of privacy with respect to luggage, bags, pockets, coats or any other personal items (including but not limited to cell phones, cameras, data messaging/gathering devices, laptops, computers and/or personal effects including toiletries) brought to any youth events or activities. I certify that I am responsible for the contents of my child's luggage, and it will not contain any illegal or prohibited substances or items. I hereby give my consent to the search of my child's luggage and/or other possessions at the sole discretion of the MUMC youth staff. I understand and agree that the youth ministry's role in caring for our youth, staff, volunteers and other third parties supersedes any notion of privacy or confidentiality with respect to these belongings. Finally, I understand that my child's prevention of, or interference with, the inspection of his/her personal belongings will result in his/her early return home as described above.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, I will assume all transportation costs and responsibility. I understand that a youth leader, volunteer, chaperone and/or other adult will not be available to accompany my child home.

Name of Youth Participant

Signature of Youth Participant

Date

Name of Parent / Guardian

Signature of Parent / Guardian

Date

MEDICAL INFORMATION

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

As parent or guardian of the above-mentioned child, I/we understand that authorization/consent for the disclosure of the child's protected health information is a condition for participation in an athletic activity with Matthews United Methodist Church. I/we further understand that this health information might otherwise be protected by the Health Information Portability and Accountability Act (HIPAA) and may not be disclosed without either parent/legal guardian authorization under HIPAA. This health information may concern the child's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. I/we acknowledge and consent that on an as needed basis, and in the sole discretion of Matthews United Methodist Church, this information may be disclosed to church officials and administrators well as health care providers, hospitals and/or medical clinics and/or laboratories, coaches, and medical insurance coordinators. As the parent/legal guardian, I understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA.

I/We, the parent/legal guardian, understand that I/we may revoke this authorization/consent at any time by notifying in writing a school administrator or the head coach. This authorization/consent expires one year from the date it is signed.

MEDICAL CONDITIONS: Please answer in detail or write 'None'. Attach additional pages if necessary.

1. Please list all known medical conditions (Asthma, Diabetes, Epilepsy, etc.):

2. List any allergies (drug / medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s): _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (**required**): _____ (**Attach verification to this form**)

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy Holder's Name (please print): _____

Policy/Group ID#: _____

REQUIRED: COPY OF MEDICAL CARD:

Attach a copy of medical insurance card:





MEDICATIONS: List all medications the child may take during any Kids ministry trips or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS** to the adult youth leader in their original containers with complete dispensing instructions before the start of the event.

Medication Name:	Dose:	Treatment for:	Dispensing instructions:
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OVER-THE-COUNTER MEDICATION: Do you give permission for an adult leader to give your child/youth over-the-counter medications needed and as directed on the label, to treat medical conditions that do not appear to require a doctor or hospital visit such as a headache, stomachache, or allergic reaction (including, but not limited to aspirin, acetaminophen, ibuprofen, antacids, antihistamines, antibiotic ointments, etc.) while at a Kids ministry event?

☐ **YES.** I give permission for an adult leader to give my child / youth approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions. (If your child is allergic to any medications, please list those medications here:

Parent Signature: _____ Date: _____

☐ **NO.** Contact me before administering any over the counter medication to my child / youth. If I cannot be reached, I understand that my child will not receive any over-the-counter medications from an adult youth leader.

Parent signature: _____ Date: _____

MEDICAL CONDITION RELEASE: I hereby represent that my child/youth is in good health, that I have identified all known medical conditions, and that I have adequately informed MUMC youth staff (in writing) of any special concerns. **I understand that trained medical personnel will not necessarily be present at all MUMC youth events, and I authorize MUMC youth staff and/or volunteers to call for medical care or to transport my child to a medical facility or hospital if, in the opinion of such staff/volunteer, my child needs medical attention. I further authorize appropriate medical personnel to render such treatment as is necessary, in their professional opinion, for the health of my child.**

Name of Parent / Guardian

Signature of Parent / Guardian

Date