

United Youth

Medical and Liability Release

EFFECTIVE DATES: SEPTEMBER 30, 2019 TO SEPTEMBER 29, 2020

PLEASE PRINT IN INK

Student Name _____ D.O.B. ____/____/____

Grade _____ Male _____ Female _____ Cell # _____

Address _____ City _____ Zip _____

Medical Insurance Company _____ Policy # _____

Physician Name _____ Office # _____

Mother Name _____ Best # _____

Email _____ Alt # _____

Father Name _____ Best # _____

Email _____ Alt # _____

Emergency Contact _____ Best # _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

CIRCLE THE FOLLOWING AREAS OF CONCERN FOR THIS STUDENT. IF NECESSARY, ADD ANOTHER PAGE WITH DETAILS:

1. My child is a: **good swimmer / fair swimmer / non-swimmer**
2. My child is allergic to: **pollens / medications / food / insect bites / other** _____
3. My child suffers from, has experienced, or is being treated currently for any of the following:
asthma / epilepsy / seizures / heart trouble / diabetes / upset stomach / physical handicap
4. Date of last tetanus shot: _____
5. My child wears: **glasses / contact lenses**

Additional comments: _____

Should this child's activities be restricted for any reason? Please explain:

United Youth

Student Conduct Agreement

WE EXPECT EACH STUDENT TO CONFORM TO THESE RULES OF CONDUCT. STUDENTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENTS EXPENSE.

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls sleeping quarters and no girls in boys sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in United Youth activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, *but are not limited to*: Retreats, missions trips, cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broom-ball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Leader prior to that event.

My child, _____, has my permission to attend all activities sponsored by **United Youth** from **September 30, 2019 to September 29, 2020**.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases United Youth and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by United Youth. I/We understand that there are inherent risks involved in any ministry event, and I/we hereby release United Youth, its staff, employees, agents, and volunteer workers from any/and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by United Youth, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a United Youth staff member. I also realize that my students pictures/videos or testimony may be used in the promotion of the ministry.

Parent/guardian Signature: _____ Date: _____

Parent/guardian Signature: _____ Date: _____