

PARENT/GUARDIAN'S CONSENT AND MEDICAL RELEASE FORM

I, _____ (parent/guardian name) am the parent or legal guardian of _____ (youth name). I give my consent for him/her to participate in the trip to _____ on (Dates) _____ hereafter know as "THE TRIP". I give my consent and authority for THE TRIP staff or designated adult(s) to take action to help insure the safety, health and welfare of my son/daughter/ward. I understand that if s/he breaks any federal/state/provincial or local laws, s/he will be asked to leave THE TRIP at my expense and I will be informed. I also request and empower THE TRIP staff to authorize medical personnel and hospital to provide all medical care, including but not limited to hospital tests, emergency surgical care, pathology, radiology and anesthesia, surgery and prescriptive drugs for the health of my child.

The Child Covered By This Authorization Is:

Full Name _____ Age _____
Parent/Legal Guardian _____
Home Address _____
City/State/Zip _____
Home Phone _____ Business Phone _____
Cell Phone _____

Health Care Provider Information:

Name of Doctor _____
Phone _____
Name of Dentist/Orthodontist _____
Phone _____
Do you carry family medical/hospital insurance?
_ yes ___ No
Name of parent or person with insurance policy _____

In Case of Emergency During THE TRIP Contact:

Name _____
Day Phone _____
Evening Phone _____
Cell _____

Name _____
Day Phone _____
Evening Phone _____
Cell _____

Medical/Health Problems

Allergies _____
Asthma/Respiratory _____
Vision/Hearing _____
Surgery _____
Heart Problems _____
Diabetes _____
Seizures _____
ADD _____
Headaches _____
Stomach _____
Broken bones _____

Health Insurance Agency

Name: _____
Policy # _____
Group # _____

Medications Currently Taking (type, number, frequency):

All youth requiring medication while on THE TRIP need to give any medication to the staff or chaperone(s). Medications will be given under the supervision of the staff or chaperone(s). Asthma inhalers and epi-pens prescribed for severe allergic reaction may be carried. Please bring medicines to THE TRIP in the original prescription bottle or container. Youth wishing to take nonprescription medicine such as Tylenol or ibuprofen should also take these under the supervision of the staff or chaperone(s).

Individuals not immunized due to religious objection must submit a written and signed statement from parent/guardian stating their objection to their child's immunization due to religious beliefs. Youth not immunized due to medical exceptions must submit a statement signed by a physician.

Is your child under the care of a physician for
Epilepsy? ___ Yes ___ No
Diabetes? ___ Yes ___ No
Other _____

The undersigned, on his//her behalf, and on behalf of her/his minor child/ward, does hereby RELEASE, discharge and covenant to hold harmless the Unitarian Universalist Association, its officers, employees and volunteers and All Souls Community Church of West Michigan, its officers, employees and volunteers from any and all claims, causes of action, and liability of any kind or nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the child's/ward's attendance or participation during THE TRIP.

PARENT/GUARDIAN'S SIGNATURE _____

Print Name

Date