

Youth Health Form for UMYM Events/Photo-Video Release
(Please Print)

General Information:

Name of Youth _____ Date of Birth _____

Address _____

Home Phone _____ Cell Phone _____ Gender _____

Email Address _____

Parent/Guardian(s) Name _____ (mother) _____ (father)

Address (if different from above) _____ (M) _____ (F)

Cell Phone _____ Work Phone (Mother) _____ (Father) _____

Email address (Mother) _____ (Father) _____

Alternate Emergency Contact: Name _____ Phone _____

Relationship _____

Health Insurance Information (Please attach a copy of your insurance card):

Name of company _____

Policy Number _____ Group Number _____

In Whose Name is the Insurance? _____

Family Doctor _____ Phone Number _____

Family Dentist _____ Phone Number _____

Health History

Medical Condition We Need to Know _____

Allergies: _____

Present Medications: _____

Contacts: _____ yes _____ no Date of Last Tetanus _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I (we) cannot be reached, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of the United Methodist Church.

I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs.

I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Parent/Guardian(s) Signature: _____

Date _____ Printed Name: _____

Photo/video Release:

I/We authorize the release and use of photographs and/or video image of above named youth for use by Harrisonville United Methodist Church for future publicity and public relations purposes.

Parent/Guardian(s) Signature _____

Date _____