



MEDICAL FORM AND PHOTO RELEASE

Statement of Commitment

I, (participant's name), _____ on this day (MM/DD/YY) _____ commit myself to: (a) fully participate in the St. Andrew's United Methodist Church Youth Ministry event or trip; (b) faithfully attend and complete the required activities as directed by the Youth Ministry Director; (c) obey all rules and follow all guidelines established by St. Andrew's United Methodist Church during the event or trip; (d) support the entire event with enthusiasm and a good attitude.

Authorization for Treatment - Release

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give my permission for an attending physician or hospital to administer medical care if deemed necessary by the Youth Ministry Director of St. Andrew's United Methodist Church and the physician or hospital staff during the student ministry event.

I, the undersigned, do for myself, my heirs, executors, administrators, successors, and assignees (or for and on behalf of my child under 18 years of age and his/her heirs, executors, administration, successors, and assignees) understand that there is no secondary medical coverage provided by St. Andrew's United Methodist Church. I, therefore, do hereby release from all claims and forever hold harmless the directors, officers, agents, and employees of St. Andrew's United Methodist Church, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature, incurred by myself (or my child under 18 years of age).

I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Furthermore, should it be necessary for the participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Participant Medical Information

Name : _____ DOB: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone Number: _____ Email: _____

Generally my health is:

Excellent Good Fair Poor

If fair or poor, explain your condition:

List any medical conditions for which you are currently being treated:

List any medications you are currently taking:

List any medications, foods, or substances to which you are allergic:

Emergency Contact Information

Parent/Guardian(s) Name(s) : _____

Parent/Guardian(s) Address: _____

City: _____ ST: _____ Zip: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Mobile: _____ Work: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Mobile: _____ Work: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Mobile: _____ Work: _____

Insurance Information

Please provide the following information and a copy of your insurance card.

Medical Insurance Carrier : _____

Policy/Group #: _____ Personal ID #: _____

Family Physician: _____ Physician Phone: _____

Physician Address: _____

City: _____ ST: _____ Zip: _____

Social Security # (123-45-6789): _____

Photo Release

During Youth Ministry programming/events, photos and videos may be taken. These photos can be used for promotional materials. Material will NEVER include the names of the students in the videos or photos as per our Child & Youth Protection Policy.

- I give permission for photos and videos of my child to be used for promotional purposes.
- I do not give permission for photos and videos of my child to be used for promotional purposes.
- I give permission for photos and videos of myself (the parent/guardian) to be used for promotional purposes.
- I do not give permission for photos and videos of myself (the parent/guardian) to be used for promotional purposes.

Signatures

I verify that the information provided in this form is true and accurate.

Participant Signature: _____ Date: (MM/DD/YY): _____

Parent/Guardian Signature: _____ Date: (MM/DD/YY): _____

For Notary Use Only

Acknowledged before me on (MM/DD/YY): _____

Notary Signature: _____

State of: _____ County of: _____

My Commission Expires (MM/DD/YY): _____

Notary Stamp: