



Armstrong Chapel United Methodist Church

Student Ministry Liability Form

5125 Drake Rd. Cincinnati, OH 415243

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Preferred Name _____ School: _____

Primary Address: _____

Secondary Address: _____

Youth Email _____

Youth Home Phone _____ Youth Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name _____ Email: _____

Name _____ Email: _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? H W C

Name _____ # _____ Type? H W C

Name _____ # _____ Type? H W C

Name _____ # _____ Type? H W C

EMERGENCY CONTACT (OTHER THAN A PARENT OR LEGAL GUARDIAN)

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any Armstrong Chapel United Methodist Church (ACUMC) children or student ministry activities, events or retreats. By signing this form, I understand it is effective for two (2) years from the date signed or until the minor has reached 18 years of age.

LIABILITY RELEASE: In consideration of ACUMC allowing the Participant to participate in children/Student Ministry (Small Groups, Activities, Events, Retreats, Lock-Ins, Trips), I, the undersigned, do hereby release, forever discharge and agree to hold harmless ACUMC, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the student ministry activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in student ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense 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 attendant thereto.

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.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by ACUMC. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____	x	_____
Name of youth participant	Signature of youth participant	Date

_____	x	_____
Name of parent/guardian	Signature of parent/guardian	Date

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth Full Name _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of Practice: _____

Date of last Tetanus shot (required) _____

Up-to-date on all immunizations: **YES** or **NO**
(Diphtheria, Pertussis, Measles, Mumps, Rubella, Polio, Hep A, Hep B)

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

MEDICATION:

List all medications the youth will take during any student ministry trips, retreats, 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 in a labeled Ziploc type bag before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

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 Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a Student Ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.
Parent signature_____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.
Parent Signature_____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (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.
