

CHILD/YOUTH ANNUAL REGISTRATION & EMERGENCY MEDICAL RELEASE

This release is for all Children/Youth Baker Memorial United Methodist Church associated events between August 2021 and August 2022

STEP 1: PARENT/GUARDIAN & CHILD/YOUTH INFORMATION

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

FIRST NAME: _____ **FIRST NAME:** _____

Last Name: _____ LastName: _____

Email: _____ Email: _____

Cell Phone: _____ Cell Phone: _____

ADDRESS INFORMATION (PRIMARY RESIDENCE OF CHILD)

HOME ADDRESS: _____

City: _____ State: _____ Zip: _____

INDIVIDUAL CHILD/YOUTH INFORMATION

FIRST NAME: _____ **LAST NAME:** _____ **BIRTH DATE:** ___/___/___

GENDER: _____ 2021-22 GRADE: _____ SCHOOL: _____

Allergies/Special Needs: _____

1 Medications: _____ Approximate Last Tetanus Shot: _____

Medical conditions: _____

Cell #: _____ Email: _____

FIRST NAME: _____ **LAST NAME:** _____ **BIRTH DATE:** ___/___/___

Gender: _____ 2021-22 Grade: _____ School: _____

Allergies/Special Needs: _____

2 Medications: _____ Approximate Last Tetanus Shot: _____

Medical conditions: _____

Cell #: _____ Email: _____

FIRST NAME: _____ **LAST NAME:** _____ **BIRTH DATE:** ___/___/___

Gender: _____ 2021-22 Grade: _____ School: _____

Allergies/Special Needs: _____

3 Medications: _____ Approximate Last Tetanus Shot: _____

Medical conditions: _____

Cell #: _____ Email: _____

FIRST NAME: _____ **LAST NAME:** _____ **BIRTH DATE:** ___/___/___

Gender: _____ 2021-22 Grade: _____ School: _____

Allergies/Special Needs: _____

4 Medications: _____ Approximate Last Tetanus Shot: _____

Medical conditions: _____

Cell #: _____ Email: _____

FIRST NAME: _____ **LAST NAME:** _____ **BIRTH DATE:** ___/___/___

Gender: _____ 2021-22 Grade: _____ School: _____

Allergies/Special Needs: _____

5 Medications: _____ Approximate Last Tetanus Shot: _____

Medical conditions: _____

Cell #: _____ Email: _____

STEP 2: MEDICAL INFORMATION

<p><i>If regular medications need to be taken while we are at a BMC event, do you give permission for the event leaders to administer them?</i></p>	<p>Yes/ No</p>	<p><i>Any other details we need to know:</i></p>
<p><i>Can your child(ren)/youth be given Tylenol/Ibuprofen?</i></p>	<p>Yes/ No</p>	
<p><i>Primary Care Physician Phone Name of Practice</i></p>		
<p><i>Name of Insurance Carrier Policy Number Group Number Phone Number of Insurance Company</i></p>		
<p><i>Name of Policy Holder associated with insurance and Date of Birth of Policy Holder</i></p>		

OTHER INFO NEEDED: _____

STEP 3: EMERGENCY CONTACT INFORMATION		
Name/Relationship		Phone #
Name/Relationship		Phone #

STEP 4: RELEASE, WAIVER AND PERMISSION FORMS

This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Release and Waiver - In consideration of Baker Memorial United Methodist Church, I give permission for my child(ren)/youth to participate in all related Children/Youth activities (Sunday school, retreats, events, lock-ins, trips, and childcare), and I understand that personal injury, sickness, or in extreme circumstances, death can and may occur to my child/youth, and I hereby authorize the Pastors, Youth Directors, and adult volunteers or another appointed child/youth advisor, to seek and consent to emergency medical or dental attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage, injury, or death that may be sustained by my child while participating in and/or traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **Baker Memorial United Methodist Church** and properties visited on outings, other's personal property, or vehicles used for transportation.

Permission for Emergency Medical Treatment - As parent or legal guardian, I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency medical treatment, transportation, surgery treatment, X-ray, laboratory, anesthesia, and other medical or hospital procedures as may be performed or prescribed by the attending physician, licensed dentist, and/or paramedics for my child and waive my right to informed consent of treatment, and transportation for medical/hospital treatment while attending Baker Memorial UMC events. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered.

Transportation - I give permission for my child to ride in any vehicle designated by **Baker Memorial United Methodist Church** and its employees and adult volunteers, while participating in and traveling to and from a scheduled event that my child attends. My child/youth and I understand that seat belts must be worn at all times during transportation.

Photo Policy - I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my dependent may be used by Baker Memorial Church for printed materials, website, social media and online publications. I understand that names and residence will not be used.

_____ Yes, I do consent on the photo policy _____ No, I do not consent on the photo policy

****By giving my cell or email address, I understand that I will be contacted for upcoming events.***

Parent's/Guardian's Signature

Date

My signature indicates that I approve of this Emergency Release Form and that it is valid for all events related to Baker Memorial UMC. If needed, this form gives permission for my child to receive professional emergency medical treatment. *Note: Activities begin when your youth is placed in the charge of the adult leaders and ends when youth is picked-up by parent/guardian or other driver.*

