

# Caro United Methodist Church Waiver & Medical Authorization Form

## Participant

Last Name \_\_\_\_\_ First \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street Address \_\_\_\_\_ Age/Grade \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## 2011 – 2012 Caro United Methodist Church Youth Event

\*Please note: This form will cover all 2011 – 2012 Youth Events. Any updates to this form are the assumed responsibility of the participant, parent and/or guardian, prior to the youth event. Thank you in advance for your assistance.

**Transportation:** I authorize my child, youth or the vulnerable person I am responsible for, to be transported to and from an event, program or activity of the Caro United Methodist Church by those that are approved drivers from the church.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information:** Name of Insurance Carrier \_\_\_\_\_

Insurance Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Does participant have any food allergies, physical, mental, or medical issues that staff, paid or volunteer, should be made aware of? Yes or No (please circle)

If yes, please explain \_\_\_\_\_  
(please use back of this form for additional information)

If prescribed medications will accompany your child they must remain in a prescription bottle with clear directions for administration in a sealed zip lock bag.

I understand that safety precautions will be taken by the Church and its agents during this event. However, I understand that the possibility of injuries, unforeseen hazards and inherent risks exists. I agree not to hold the Church, its employees, members and volunteers liable for and I release them from any damages, losses, diseases, or injuries incurred by the participant.

**Emergency Health Care:** I authorize any emergency health care or treatment for my child, youth or vulnerable person that is deemed necessary by the transporter (driver) or care giver at an event, programs or activity sponsored by the Caro United Methodist Church. A prompt call will be made to the emergency contact numbers provided below.

Emergency Contact Numbers \_\_\_\_\_ or \_\_\_\_\_

Parent/Guardian: Last Name \_\_\_\_\_ First \_\_\_\_\_ Relationship  
to Participant \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_