

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 _____

2016 - 2017 Caro United Methodist Church Youth Event

*Please note: This form will cover all 2016 – 2017 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 volunteers 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 _____