

SCUCA MEDICAL / LIABILITY RELEASE
August 15, 2011 to August 15, 2012

NAME OF UNITY CHURCH or CENTER _____

NAME: _____ Birth Date: ___/___/___ Age: ____ Grade: ____ Male/Female (circle one)
Please Print Clearly

Address: _____ City, State _____ Zip: _____

Home Phone: (____) _____ Email address: _____ # Events attended: ____

Cell Phone: (____) _____ Email address: _____ # Leadership Events: ____

Vegetarian _____ Other Meal Requirements _____

ADULTS: Are you First Aid / CPR / AED Certified? Yes / No Date Certification Expires _____
circle one

PARENT/GUARDIAN: _____ Relationship: _____

Phone numbers during event: _____

Emergency contact: _____ AT (____) _____

Emergency contact: _____ AT (____) _____

MEDICAL HISTORY

Date of last Tetanus shot: _____

I certify that the above-named participant is in good health and able to participate in all event activities:

___ Yes ___ No If NO, specify limits of participation _____

List Current Medications (Prescription or Non-prescription) and complete and sign the form titled "Instructions for Medication Dispensation":

Prescription Medication: All prescription medication (except inhalers) must be held by the Wellness Person. Please make sure medication/inhalers are sent in their ORIGINAL prescription containers, stored in a see-through Zip Lock bag with the Youth's name, type of medication, dosage and when needed clearly outlined on the "Instructions for Dispensing Medication" form.

Over-The-Counter Medication: If teens require OTC allergy medication, medication for headache, cramps, pain, etc., they need to bring their own supply. This also needs to be noted on the Medical Release form; type of medication, when needed, dosage, etc., and given to the leader before you leave for the event. We cannot dispense any medication that they do not bring with them.

INSURANCE INFORMATION & AUTHORIZATION

FAMILY PHYSICIAN (name & phone number): _____

MEDICAL INSURANCE (Include copy of both sides of card showing company, policy number, phone numbers):
Policyholder's name: _____

_____ Check here if the participant has NO INSURANCE coverage at this time.

The reverse side of this document requests additional information on other conditions and special care needs. This information is needed in order to ensure all participants are supported to our best ability while they are at camp with us. All information is kept confidential and only disclosed to caregivers. Thank you.

Attach copies (front & back) of the participants' insurance card to this form. Thank you.

PLEASE COMPLETE & READ ALL PAGES OF THIS FORM

Leader: Please make 3 copies per person; one for the region, one for the church & one to travel with the group.

Name: _____ City Church located in: _____

MEDICAL HISTORY (continued)

Additional information regarding the condition, reactions & recommended treatment or response:

___ Epilepsy ___ Diabetes ___ Asthma ___ Allergies ___ ADD / ADHD ___ Autism / Asperger's ___ PDD / OCD

Specific to allergies: please list the condition, reactions & recommended treatment:

PARENTS:

Please list / explain any behaviors or situations (including learning & social challenges) that group leaders need to be aware of – especially those that might affect energy levels, interactions with other teens / staff they don't know, or the cabin / groups they will be assigned to. **This information is needed in order to ensure all participants are supported to our best ability while they are at camp with us. Thank you.**

Is the participant receiving any special services at school?

Are special accommodations made for the participant at church?

Is there anything special we should know to support the participant in having a positive experience?

PLEASE COMPLETE & READ ALL PAGES OF THIS FORM

Leader: Please make 3 copies per person; one for the region, one for the church & one to travel with the group.

Name: _____ City Church located in: _____

PARENT / GUARDIAN / ADULT CONSENT & LIABILITY RELEASE

As legal guardian of the above-named participant, I hereby give my permission for him/her to be involved in the youth ministry of the South or Central Regions. I am familiar with the general goals and purpose of the programs.

Transportation. I understand that my church group will be responsible for and inform me of the mode of transportation for events. I agree to send my child with the appropriate clothes, personal items and money needed. If my child needs to be sent home for behavior problems or medical reasons, I agree it will be at my expense. Unless I have made special arrangements with a group leader, transportation to/from church or group activities, or to a common drop point for group travel, is the participant and parent's responsibility.

Liability. I understand that reasonable measures will be taken to safeguard the health and safety of the participants. I also understand that under laws of most states, the adult Leaders and Sponsors, the Region, Church or its minister(s), acting primarily as a volunteer non-profit organization, cannot be held responsible for accidents or injury to the above-named participant, if those concerned acted with reasonable and prudent judgment.

Photography release. I hereby grant the Church, Unity Worldwide Ministries (UWM) formerly named the Association of Unity Churches (the Association), the South Central Region and their representative's permission to use photographs and videotaped images (from local and regional events) in which the participant appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.

Roster release. I hereby grant, permission to include the participants name and address in the event roster. I understand that this roster will be distributed only to the other participants at the event for the sole purpose of networking and continued spiritual support.

Confidentiality. I understand that information on this form will only be shared, as needed, with group leaders, church staff and medical professionals (such as hospital staff) to safeguard and support this participant. This information will not be publicly disseminated or released to any outside organization.

Limit of Consent. The consent outlined in this Application & Medical / Liability Release, concerning the above-named participant's attendance and participation in the South or Central Regions (SCUCA) activities expires on August 15th of the current academic year. It is my responsibility to notify the group leaders or minister if any information changes or I decide to withhold consent.

I have read **BOTH** sides of this form and as legal guardian of the above-named participant; I hereby give my permission for him/her to participate in this event and to travel to/from the event location. Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other necessary medical services and, unless covered by insurance, agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of all people in attendance and that I will be notified as soon as possible in case of emergency. However, should you accept this individual as a participant, I agree to indemnify and hold harmless from responsibility the Camp, the Church, Unity Worldwide Ministries (UWM) formerly named the Association of Unity Churches (the Association), the South Central Unity Churches Association (SCUCA), also called the Region, their employees, volunteers, agents, representatives and group Leaders and Sponsors in the event of sickness or accident involving the above-named participant no matter how caused. I also give my release for mode of transportation, liability, photography use, roster & confidentiality as stated on this 4 page form.

ADULT SIGNATURE (Parent/Guardian) _____ Date: _____

Witness Signature: _____ Date: _____
(Witness must be 18 years of age and it is recommended to be church staff or a designated church representative.)

PLEASE COMPLETE & READ BOTH PAGES OF THIS FORM
Leader: Please make 3 copies per person; one for the region, one for the church & one to travel with the group.

INSTRUCTIONS FOR DISPENSING MEDICATION

Dear Parent/Guardian:

To assure your teen's safety and health, we are asking for your instructions regarding all medication(s) that your teen needs to take while attending the SCUCA Teen Event listed below.

Please, provide one zip lock bag with your teens name in large print on the outside containing this form and the medications in their original container to the Adult Leader traveling with your teen. This Adult Leader will be responsible for the dispensing of the medications while with your teen on this outing. Thank you.

TEEN NAME: _____

DATE: _____ EVENT: _____

PARENT/GUARDIAN NAME: (Please print) _____

PARENT/GUARDIAN SIGNATURE: _____

HOME: _____ CELL: _____

Please list instructions for any medication you are providing to be dispensed to your teen at the SCUCA Teen Event he/she is attending:

Medication	Medical Condition	DOSAGE: Frequency and time of day	Notes

Please remember to turn in any prescription medication (except inhalers that the teen will need to carry at all times) to the Adult Leader traveling with your teen. The medication must be in the original container with this form in a labeled bag.

South Central Unity Churches Association Teen Consultants

Rev. Joanne Burns and Judy Hildebrand

(Revised April 2011)

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