

**ALDRSGATE UMC YOUTH HEALTH HISTORY AND EXAMINATION
AND RELEASE OF LIABILITY FORM FOR CALENDAR YEAR 2014**

Name _____ Birthdate _____ Age _____ Sex _____
Last First Middle

Address _____
(Street, City, State, Zip Code)

Father's Name _____

Father's Cell Phone _____ Email _____

Mother's Name _____

Mother's Cell Phone _____ Email _____

In Emergency Notify _____ Relationship _____

Phone _____
(If Parent or Guardian cannot be located)

HEALTH HISTORY

Diseases and Allergies: Check those that apply; if yes, give full details. Attach additional sheet if necessary.

Frequent Ear Infections _____	Chickenpox _____	Hay Fever, etc. _____
Frequent Colds/Sore Throats _____	Measles _____	Poison Ivy/Oak/Sumac _____
Sinusitis/Bronchitis _____	Mumps _____	Insect Stings _____
Strep Throat _____	German Measles _____	Penicillin _____
Mononucleosis _____	Whooping Cough _____	Aspirin _____
Heart Defect/Disease _____	Tuberculosis _____	Other _____
Epilepsy/Convulsions _____	Polio _____	Food _____
Bleeding/Clotting Disorders _____	Diabetes _____	SUBJECT TO: Sleep Walking _____
Hypertension _____	Asthma _____	Fainting _____ Bedwetting _____
Stomach Problems _____	Arthritis _____	Nose bleeds _____

Other Diseases or Details of Above _____

Do you wear Contact Lenses? _____ Recent Illness or Exposure to Contagious Disease? _____

Operations or Serious Injuries (describe & give dates) _____

Are Immunizations up to date? _____ Date of Last Tetanus Shot _____

List any medication or drugs taken regularly (presently or recently): _____

Any specific activities to be restricted due to medical reasons: _____

Physician _____
Name Address Phone

INSURANCE

Name of Insured _____

Name of Insurance Company _____ Subscriber ID/Policy # _____

Group # _____ Preauthorization Phone # _____

Address of Insurance Co. _____
Street or Box City State Zip

RELEASE OF LIABILITY
IMPORTANT- THE INFORMATION MUST BE COMPLETED FOR ATTENDANCE

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as specially noted herein.

EMERGENCY AUTHORIZATION- I hereby give permission to the medical personnel selected by Aldersgate United Methodist Church's staff or church leaders to order x-rays, routine tests and treatment for my child that he or she may deem necessary. In the event of an emergency and I cannot be reached, I hereby give permission to the physician or other health care professional selected by Aldersgate UMC staff or church leaders to hospitalize, secure proper treatment, order injections and and/or anesthesia and/or surgery for my child as named in this document. I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for RUMC staff or church leaders to restrict my child from participation in any activity, which they have any questions about for health or other reasons.

EVENT PARTICIPATION - As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Aldersgate United Methodist Church for the calendar year as shown on page one.

EVENT EXCLUSION - As the parent (or legal guardian), I the undersigned, certify that my child, named above, SHOULD NOT participate in the following activities sponsored by Aldersgate United Methodist Church for the calendar year as shown on page one.
If any, please list activity for exclusion _____

I have carefully read this release of liability and understand its contents. By signing this form, I certify that I have full legal authority to act on behalf of the minor child identified herein. I understand that this release is a contract and my signature binds me, the minor child, all successors and assignors, and all third parties to this release of liability for any injury to the child. By signing this form, I hereby release, waive, and forever discharge my right and the child's right to file a claim, demand, or cause of action of any type against Aldersgate UMC for any act or omission, including but not limited to negligence on the part of the church and its staff, representatives, or volunteers. I fully accept all risks, if any; this activity poses on behalf of the minor child. Further I will hold Aldersgate UMC harmless and will indemnify Aldersgate UMC for any cost (including litigation and/or legal fees) that may result from the minor child's participation in Aldersgate UMC Youth events.

Signature of Parent/Guardian #1

Date

Signature of Parent/Guardian #2

Date

NOTE: Notary may witness both signatures at one time or a second notary will be required if parents not signing at the same time.

State of Georgia, County of _____ Subscribed and sworn before me this _____ day of _____ 20____

NOTARY PUBLIC
(Seal) My Commission Expires: _____

PHOTO RELEASE

I grant permission to Aldersgate United Methodist Church to take and use photographs of me for use in church related publications such as brochures and newsletters, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on the Aldersgate UMC web site or other electronic forms or media, and to offer them for use or distribution in publications outside Aldersgate UMC, electronic or otherwise, without notifying me.

I understand that these photographs may be taken on-campus as well as off-campus events. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Aldersgate United Methodist Church and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I understand that once images are published and/or distributed electronically the use or misuse of the images by third parties is completely beyond the control of Aldersgate United Methodist Church.

FOR STUDENTS WHO ARE ADULTS: I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Name (please print)

Date

Signature

FOR Minors: By signing this form I am acting on behalf of my minor child and have the legal authority to do so. I am also signing on behalf of myself, the parent.

Signature of Parent/Guardian #1

Date _____

Signature of Parent/Guardian #2

Date _____