

AUUF Consent-Medical Release Form

I _____ (parent/guardians name) am the parent or legal guardian of _____ (child's name). I understand this form will cover my child for the _____ - _____ church year; that each event will require my permission and signature on a short form and that I am responsible to submit an updated form if there are any changes in any of the information below during this church year. I give my consent and authority for AUUF's staff or designated adult to take action to help ensure the safety, health and welfare of my child. I understand that if my child breaks any federal/state/provincial or local laws, s/he will be asked to leave the event and I will be informed. I also request and empower the AUUF's staff or designated adult to authorize medical personnel and hospitals to provide all medical care, including but not limited to hospital tests, emergency surgical care, pathology, radiology, and anesthesia, surgery and prescription drugs for the health of my child. Chaperoning adults will carry these forms on all outings and field trips sponsored by AUUF.

The child covered by this authorization is:

Full name _____ Age _____

Parent/legal gardian _____

Home address _____

Phone number _____

Contact in Case of Emergency:

Name _____

Phone Number _____

Health Care/Insurance Information:

Name of Doctor _____

Phone _____

Name of Dentist _____

Phone _____

I grant my permission for my youth to be given over the counter medicine such as Tylenol or Tums.

_____ yes _____ no

Do you carry family medical/hospital insurance? _____ yes _____ no

If yes, name of the person holding the insurance policy: _____

Health Insurance Agency Name: _____

Policy # _____ Group # _____

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Phone Number from Card _____

Medical/ Health Information:

To best care for your child, please list any and all Medical/Health/Behavioral issues so the chaperones and sponsors are well informed. Please include any current medications, allergies or pertinent information.

The Undersigned, on behalf of the minor child, does hereby RELEASE, discharge and covenant to hold harmless the Auburn Unitarian Universalist Fellowship, it's officers, employees and volunteers, from any and all claims, cause of action, and liability of any kind of nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the child's attendance or participation in youth activities.

Parent/Guardian's Signature.

Date