**GUMY Student Health Waiver and Authorization**

Youth will not be allowed to participate in church events without a current version of this completed form being on file. Youth with special needs are encouraged to contact a youth staff member before coming to the event.

**Student Information**

Name: Grade for **2020/21**:

D.O.B.: Cell Phone: Home Phone:

Address: Email:

**Parent/Guardian – Emergency Information**

Father’s/Guardian’s Name:

Work Phone: Cell Phone: Home Phone:

Address: Email:

Mother’s/Guardian’s Name:

Work Phone: Cell Phone: Home Phone:

Address: Email:

Emergency Contact’s Name: Relation:

Work Phone: Cell Phone: Home Phone:

**Medical Insurance Information**

Insured Name:

Insurance Company and Policy Number:

Doctor’s Name and Phone Number:

Hospital of Choice:

Current on tetanus vaccination: Yes No If yes, date received:

**\*\*\*\*\*\*\*\*\*\*\*\*\* Please check any conditions that apply to your student so the youth staff can meet your student’s needs \*\*\*\*\*\*\*\*\*\*\*\*\***

\_\_Heart Condition \_\_Food Allergies \_\_Diabetes \_\_Other Allergies

\_\_Daily Meds \_\_Asthma \_\_Hearing Aid \_\_Fainting

\_\_Bee Sting Allergy \_\_ADD/ADHD \_\_Bed Wetting \_\_Blood Disorder

\_\_Contacts \_\_Seizures \_\_Sleep Walking \_\_Other Health Problem (attach)

**Medication:** Please list prescription, dosage and frequency. Please send medication required during a youth event in separate containers in a plastic bag clearly labeled with your student’s name.

1.

2.

3.

I give youth staff permission to administer over-the-counter medications for those items checked below in the event that it becomes necessary. Dosages will be administered according to the instructions on the bottle only, unless a physician directs otherwise.

\_\_Antacids \_\_Cough Medicine/Drops \_\_Tylenol/acetaminophen \_\_Advil/ibuprofen

\_\_Aspirin \_\_Sudafed \_\_Neosporin \_\_Benadryl/Allergy meds

**Allergies and food restrictions:** Please list any and all allergies that a doctor should know about in case of emergency

**Physical Restrictions:** Please list any and all physical restrictions or conditions that restrict activity for your student

**Authorizations and Waiver**

I, the undersigned, being the parent/guardian legally authorized on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child (herein “Minor”), in consideration of the opportunity for said Minor to participate in the activities of the Great Plains Annual Conference of the United Methodist Church, Inc., its Churches and related entities and Program Activities (herein “Church”) do:

1. In the event of any injury or medical emergency affecting said Minor, authorize and grant to the Church and anyone acting on behalf of the Church the right to provide, approve, seek and obtain medical care, treatment and assistance for said Minor, and
2. Do give the Church my permission to use said Minor’s image publicly to promote the activities of the Church. The images may be used in print publications, online publications, presentations, websites, and social media. I understand that no royalty, fee or other compensation shall become payable to me because of such use, and
3. Waive any and all claims of the said Minor or anyone claiming through said Minor against the Church arising out of said activities.

I understand this document has significant legal consequences, but I also believe the Minor child will benefit from the activities of the Church, and, for that reason and in consideration of said benefit; I choose to execute this Authorization and Waiver. I also understand this Authorization and Waiver will be **in effect from June 1st 2020-May 31st, 2021**.

 (Signature of Parent/Guardian)

STATE OF

COUNTY OF

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn before me this \_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_.

 (Signature of Notary Public)

 My Commission Expires:

 (seal)