



Youth Group

Medical and Liability and Media Release Form



Puyallup United Methodist Church

1919 W. Pioneer Ave. Puyallup, WA 98371

253-845-0547

Student's Information

Last Name _____ First Name _____

Preferred Name (i.e. Nickname) _____ Date of Birth ____/____/____

School _____ Grade _____

Preferred Pronouns _____

Residential Address _____

City & Zip Code _____ Home Phone (____) _____

Cell Phone (____) _____ Email _____

Emergency Response (911 will be reached first if deemed necessary)

First to be notified: Name _____ Phone (____) _____

Second to be notified: _____ Phone (____) _____

Student's Physician _____ City _____ Phone (____) _____

List any medical condition or allergy that may be relevant to a health care professional in the event of an injury:

Insurance Information

Insurance Company _____

Name of primary insured _____

Policy number _____ Group number _____

- I hereby DO NOT GRANT PERMISSION for medication of any type, whether prescription or non-prescription to be administered to my child unless the situation is life threatening and emergency treatment is required (Please initial _____)
- I hereby GRANT PERMISSION for non-prescription medication (such as Tylenol, throat lozenges, burn ointment.) to be given to my child if deemed advisable. I understand that aspirin will not be given to my child. (Please initial _____)

Parent/Guardian Information

Parent/Legal Guardian #1 First Name _____ Last Name _____

Home phone (____) _____ Cell (____) _____ Email _____

Parent/Legal Guardian #2 First Name _____ Last Name _____

Home phone (____) _____ Cell (____) _____ Email _____

With whom does the student live? _____

List any relevant activities in which this student is **not** permitted to participate: _____

Behavior or sensitivities youth group staff and adult volunteers should know about that would help us enrich your student's experience? _____

Student's Health History

Allergies:

() Environmental () Food Allergy or Sensitivity Medication Other
Heart Condition Asthma Epilepsy Diabetes Developmental

Please describe any allergy/condition checked above, any other special needs or potential problems/concerns, and any effective procedures in the case of a reaction, episode, etc. Also, with allergies indicate the severity of the allergy or sensitivity and possible course of action. _____

Vaccinations Current? Yes No Please specify _____

Current Medications:

Daily medications (if additional space is required please use the reverse of this page) _____

Other medications _____

Medical and Liability Release

In the event that I cannot be reached in an emergency—during the valid dates of this form specified below—I hereby give my permission to the church leadership, or any physician or dentist selected by the church leadership to hospitalize, make emergency medical decisions, secure proper treatment, and/or injections, anesthesia, x-ray examinations, or surgery for my child as deemed necessary by the medical professionals. I waive my right of informed consent to such treatment.

Every activity sponsored by the Youth Group and Puyallup United Methodist Church is carefully planned and adequately supervised by mature, trained and background checked adults. However, even with the best of planning and precautions, unforeseen events can occur. By signing below, I agree to assume and accept all risks and hazards inherent in church related social activities. I also agree not to hold Puyallup United Methodist Church, its employees, and trained volunteer assistants liable for damages, losses, or injuries to the youth listed on this form.

Should it be necessary for my youth to return home from events due to medical reasons or otherwise, I shall assume responsibility for all transportation and costs. I understand that I am signing for the youth listed on this form and the signature is for both medical and liability release.

Parent/legal guardian signature _____ Date _____

This form is valid for one year from the above date.

Media Release

I, the undersigned, do hereby grant permission to Puyallup United Methodist Church to use the image of my child/myself,

_____, as marked by my selection below. Such use includes the display, distribution, publication, transmission or otherwise use of photographs, images, and/or video taken of me/my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Puyallup United Methodist Church web site.

Grant Unrestricted usage: I give unrestricted permission for my child's/my image to be used in print, video, and digital media including but not limited to fliers, worship, and Puyallup UMC website.

NONE

I agree that these images may be used by Puyallup United Methodist Church for a variety of purposes and that these images may be used without further notifying me. I do understand that **my child's/my last name** will **not** be used in conjunction with any video or digital images, but may be included in worship bulletins.

Permission is also given to use my child's/my faith testimonial for publication, either electronically or in print for ministry purposes of the Puyallup United Methodist Church. The Puyallup United Methodist Church may use the whole or parts of the testimonial shared, verbally or in print. The Puyallup United Methodist Church may make minor edits as necessary for clarity or appropriate language use.

Notes, articles, and other information given to the church for publication, such as for the Circuit Rider and ENewsletter, will include only first names of minors unless specifically approved by parents/guardians.

Choose one option above before signing. **If a box is not selected unrestricted use is assumed.**

Parent/Guardian/My Name (print): _____

Parent/Guardian/My Name (signature): _____ Date: _____

Contacting the Youth Group

We care about staying connect with you and your student and staying safe with healthy boundaries. All communications with your student will abide by the Puyallup UMC Safe Sanctuary policies on mandatory reporting and healthy interaction. Due to the nature of a text, email or social media to an individual, we want to make sure your family is comfortable with this. We will always include a preferred adult from the family in any communication chain. Please share phone and email (as applicable) for emergency purposes and indicated below what permissions or special instructions PUMC Staff and/or volunteer leaders need to observe when communicating with your student.

Youth Cell Phone (if applicable) _____ Youth Email (if applicable) _____

Do you give permission to contact your student via text, call, email and/or social media

() Yes () No () Other _____

Special Instructions _____

Parent/Legal Guardian Signature _____ **Date** _____

Note: A separate yearly permission slip will be required for select activities on church grounds and all activities off church grounds. They must be signed by a parent or legal guardian if participant is under 18 or has a legal guardianship agreement.