

# Kennewick First United Methodist Church

MEDICAL CONSENT September 1, 2024 – October 31, 2025

## Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

NOTE: This consent form is to be filled out by the parents or legal guardian of each youth. It will be taken on each activity that the youth participate in. If any of the information changes during the year, please contact the church office. PLEASE READ CAREFULLY — By signing this document you accept important legal obligations and waive legal rights.

TO: Kennewick First United Methodist Church  
RE: Methodist Youth the ("Youth Group")

**Full Name of Youth** \_\_\_\_\_  
**Home Address (Street)** \_\_\_\_\_ **(City)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

The undersigned does hereby give permission for my child to attend and participate in activities sponsored by Kennewick First United Methodist Church from September 1, 2024 – October 31, 2025. In the event of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize and request the adult counselor(s) to secure medical and/or surgical treatment for **(Full Name of Youth)** \_\_\_\_\_.

I hereby give permission to transport to the physician selected by the counselor(s) to hospitalize, secure proper treatment for, and/or to order injection, anesthesia, or surgery for the above named youth. I accept full financial responsibility for any medical services required, including prescription and non-prescription drugs and other supplies, on behalf of my child.

**Parents/Guardians Names** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone #s Home** \_\_\_\_\_ **Work** \_\_\_\_\_ & \_\_\_\_\_ **Cell** \_\_\_\_\_ & \_\_\_\_\_

**Parents E-mail Address** \_\_\_\_\_ & \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ & \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Name of Insured** \_\_\_\_\_ **Place of Employment** \_\_\_\_\_

**Insurance Address** \_\_\_\_\_ **Insurance phone #** \_\_\_\_\_

No, I do not carry medical insurance at this time. (Please initial \_\_\_\_\_ )

**I hereby Do Not Grant Permission for medication of any type, whether prescription or nonprescription, to be administered to my child unless the situation is life threatening and emergency treatment is required, (Please initial \_ )**

I hereby *Grant Permission* for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that aspirin will not be given to my son/daughter. (Please initial \_\_\_\_\_ )

Medical Conditions Information: Church personnel will take reasonable care to see that the following information will be held in confidence. My son/daughter has: Had an episode of the following or has been diagnosed: \_\_\_ Seizures \_\_\_ Asthma \_\_\_ Diabetic

Allergic reactions to the following (foods, dyes, latex, medications, etc.) \_\_\_\_\_

Had a medical surgery within the last six months \_\_\_ Yes \_\_\_ No - Still under doctor's care \_\_\_ Yes \_\_\_ No

A medically prescribed diet \_\_\_\_\_

The following physical limitations \_\_\_\_\_

Immunizations current and up-to-date: \_\_\_ Yes \_\_\_ No ~ Date of last tetanus/diphtheria immunization \_\_\_\_\_

### Medications

My child will bring all such medications, well-labeled and in original container, that are necessary. Names of medications and concise written directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication(s) at the present time.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

You should also be aware of these special medical conditions of my child: \_\_\_\_\_

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms *such* as headache, vomiting, sore throat, fever, diarrhea, I want to be called as soon as possible.

Parent initial ~ page 1 \_\_\_\_\_ Date \_\_\_\_\_

Youth Name \_\_\_\_\_ Continued from page 1. Date \_\_\_\_\_

**Parent(s)/Guardians(s):** I/We the undersigned Parent(s)/Guardians(s) (also referred to throughout as "I"), hereby authorize and consent to my child's participation and involvement in the activities of the Youth Group and Vacation Bible School. Activities shall include but not be limited to, participation in all on and off-site events sponsored or organized by or through the Church or Youth Group such as: indoor and outdoor games, swimming, and sporting activities. (the "Activities").

I understand that illness and injuries sometimes occur through the participation in Activities. In the event that an emergency or other medical treatment is necessary I consent to and authorize the transportation of my child to the NEAREST SUITABLE MEDICAL HOSPITAL FACILITY. I hereby consent to and authorize emergency or other medical treatment of my child as may be deemed advisable in the event of accident, injury, or illness during the Activities of the Youth Group.

I understand that I am solely responsible to select and purchase adequate medical/health insurance. Further I understand that neither the Church nor the Youth Group will provide medical/health insurance. I consent to and authorize that if illness or injury necessitates the expenditure of money for special travel arrangements or any other reason deemed necessary by the person in charge of the Activities, that I will be responsible for all of those costs.

I understand that my child must obey the rules, established by the Youth Group and follow the directions and instruction of the person in charge of the Activities. I consent to and understand that the person in charge of Activities or agents have the right to dismiss my child who is in their opinion a hazard to the safety and well-being of others, who appears to have rejected the reasonable guidelines of the activity. I understand that if my child is sent home under such circumstances, I will be responsible for all associated costs incurred, including the cost of special travel arrangements.

#### **ASSUMPTION OF RISKS**

IN CONSIDERATION of the Church allowing me or my child to participate in events, activities or travel with the church and all related activities associated with the church, including participation in the Youth Group from September 1, 2024 – October 31, 2025 inclusive, and all activities related to the Youth Group. I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS, associated with participation in the activities including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to the following:

- Risks associated with traveling to and from activities by means of private and public transportation;
- Risks associated with failing to follow the instructions or directions of the person in charge of the activities;
- Risks associated with the participation in the activities;
- Risks associated with medical problems arising before, during and following participation in activities; and – Other not mentioned probable and unforeseen risks.

#### **DISCLAIMER and RELEASE OF LIABILITY**

for myself or my child, voluntarily accept and fully assume such risks, dangers and hazards and the possibility of personal injury, death, partial or permanent disability, property damage or loss resulting from my or my child's participation in the activities. Release, indemnify and hold harmless the Church, its trustees, directors, corporation members, staff, agents, volunteers, members and representatives from: any loss, personal injury, accident, misfortune or damage to the above names or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named; any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the activities; and any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from me or my child's participation in the activities.

**I give permission for photocopying of health forms for scheduled off- site events, transportation for scheduled off-site events and for photos/video to be used in future publicity and within the group for presentations. I also understand that KFUMC has a video surveillance system in use. \_\_\_\_\_ Initial**

#### **ACKNOWLEDGEMENT**

I understand that this is a legal agreement that is binding upon me, my heirs, executors, administrators, successors and assigns. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that I or my child may have. This Consent, Authorization and Acknowledgement shall be effective from and including **September 1, 2024 to and including October 31, 2025.**

I fully understand the foregoing statements and sign this Parental/Guardian **Medical & Release of Liability Consent Waiver** knowingly, freely *and willingly*.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_ (Parent/Guardian must sign for anyone under 18 years of age)

**I, the undersigned Participant** (also referred to throughout as the "child"), understand that I am to act in a safe and responsible fashion, to follow the instructions and directions of the person in charge of the Youth Group. I understand and agree to obey requests to comply with safety regulations as directed by the person in charge of the Youth Group. At all Youth Group activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment.

I acknowledge that I am solely responsible for myself and my actions. I will not endanger the safety of myself or others at any activities, outings of the Youth Group or when using public or private transportation to and from the activities. I understand and acknowledge that I can and will be sent home should I not follow the directions or instructions of the person in charge of the activities.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_ (Participant 18 years of age or older must sign own consent)