

**Universalist Unitarian Church of Farmington
25301 Halsted Rd.
Farmington Hills, MI 48335**

PARENT/GUARDIAN'S CONSENT AND MEDICAL RELEASE FORM

I, _____ (parent/guardian name) am the parent or legal guardian of _____ (child/youth name). I give my consent for him/her to participate in Religious Education activities sponsored by the Universalist Unitarian Church of Farmington, Farmington Hills, Michigan, during the 2009-10 school year. I give my consent and authority for the staff or designated adult volunteers to take action to help insure the safety, health and welfare of my son/daughter/ward during this time frame.

I understand that, in an emergency situation, every effort will be made to first contact parents/guardians. IN THE CASE OF AN EMERGENCY AND I CANNOT BE REACHED, I request and empower the staff and designated adult volunteers working with the Religious Education program 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 prescriptive drugs for the health of my child.

The child covered by this authorization is:

Full Name _____ Age: _____

Parent/Legal Guardian _____

Home Address _____

City/State/Zip _____

Home Phone _____

Business Phone _____

Cell Phone _____

In Case of Emergency Contact:

Name _____

Day Phone _____

Evening Phone _____

Medical / Health Problems (please check all that apply and provide details):

Allergies _____

Asthma/Respiratory _____

Vision/Hearing _____

Surgery _____

Heart Problems _____

Diabetes _____

Seizures _____

ADD / ADHD _____

Headaches _____

Stomach _____

Broken bones _____

Epilepsy _____

Diabetes _____

Other _____

Currently taking medications (please specify):

Important Note: Staff and adult volunteers will not administer prescribed drugs or nonprescription medicine to children or youth, but must be notified if the child or youth is required to take them.

Health Care Information:

Name of Doctor _____

Phone _____

Name of Dentist/Orthodontist _____

Phone _____

Do you carry family medical/hospital Insurance? yes no (circle one)

Name of parent/person with insurance policy _____

Health Insurance Agency Name _____

Policy # _____

Group # _____

The Undersigned, on his/her own behalf, and on behalf of her/his minor child/ward, does hereby RELEASE, discharge and covenant to hold harmless UUCF, its officers, employees and volunteers, from any and all claims, causes of action, and liability of any kind or nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the child's / ward's attendance or participation in the youth program.

Parent/Guardian's Signature: _____ Date: _____

Note: A copy of this form will be provided to the teacher serving as trip leader for a specific field trip and the original kept in the Religious Education office. We will do our very best to maintain the privacy of the medical information you provide.