## The Well, a UMC - Health History & Authorization Form

This form is **MANDATORY** and must be completed by the legal parent/guardian of participants under 18 years old. This form is **REQUIRED** prior to a minor child participating in The Well activities. The "Authorization of Health Care and Release of Liability" sections **MUST** be signed.

		Name (last, first, mi	ddle):				
		Birth Date:			Grade	:	
	Participant	Gender: □ Male	☐ Female	Cell #: (	)		
	i articipant			(	,		
		Home Address: Email Address:					
		<u>L</u>					
	☐ I give permission for the Children & Youth Directors to contact the named participant by cell phone/text						
	☐ I give permission	for The Well to se	nd emails to	the named p	articipa	nt.	
_ 5		Name:			Relation	nship t	to participant:
General Information	Parent/Guardian with	Home Address (if different from above):					
Ser	legal custody to be contacted in case						
Ξ	of illness or injury	Preferred Phones:	( )			(	)
	, ,	Email address:					
	Second	Name:			Relation	nship t	to participant:
	parent/guardian	Preferred Phones:	( )			(	)
	or other emergency contact	Email address:				`	
	Emergency contact	Name: Relationship to participant:				to participant:	
	If parent(s)/guardian(s)	Preferred Phones:	/		Relatio	<i>πι</i> οιτιρ τ	o participant.
	cannot be reached						
		Email address:					
	Is the participant cove	red by family medic	:al/hospital in:	surance? $\square$	Yes $\square$	No	
e u	If so, indicate carrier of	r plan name:					
Insurance Information	Policy or Group #:						
sura	Policy or Group #:						
lns Infe	Policy holder name:						
	☐ No known allergies for this participant						
	The participant is allerg	ic to: Please descri	be the allergy	(be specific), th	ne reaction	n seen a	and how it is treated
	☐ Food(s)						
on /							
rg) nati	☐ Medicine(s)						
Allergy Information	☐ The environment						
<u>=</u>	The environment (insects, hay fever, etc.)						
	(						
	☐ Other						
	Name of participant's:					Phone:	
ۍ په	Primary doctor(s):	o o. partion					
lealthcare Providers							)
alth	Dentist:				- 1		)
Healthcare Providers	Orthodontist:						<u>,                                      </u>
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Physical, Mental, Emotional and Social Health	Please describe any of the participant's current conditions (injury, special needs, surgery, illness, other) that require attention, restrictions or considerations while attending church activities.  Has the participant had a significant life event that continues to affect their life? (Family change, death of a loved one, history of abuse, adoption, foster care, new sibling, others)  Yes  No Please explain "Yes" answers below, attaching a separate sheet if more space is needed				
on &	Are the participant's immunizations/vaccinations that are required for school up to date?  □ Yes □ No				
izatic	Date (month/year) of last Tetanus shot:				
Immunization & Exam History	Date of last Health Exam:				
Ē	Children and Youth activities may include, but are not limited to:  Sporting activities, crafts, scooters, trips to and play at Camfield Park or on church grounds, and transport to and from an off-site activity.				
mation	Sporting activities, crafts, scooters, trips to and play at Camfield Park				
Information	Sporting activities, crafts, scooters, trips to and play at Camfield Park or on church grounds, and transport to and from an off-site activity.    I have reviewed the program/activities of the church and feel that the participant can participate without restrictions.				
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Additional Information Restriction Information	Sporting activities, crafts, scooters, trips to and play at Camfield Park or on church grounds, and transport to and from an off-site activity.  I have reviewed the program/activities of the church and feel that the participant can participate without restrictions.  I have reviewed the program/activities of the church and feel that the participant can participate with the following restrictions (please describe):  Rules of Conduct:  Respect property  Respect planned activities  Respect one another, staff, and adult and youth leaders				

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During church activities, photographs, video and/or digital images may be taken. Use of this media can be used in The Well UMC publications, videos and social media. I give permission for photo or visual image of this participant to be used for such purposes, without compensation or prior approval rights, at any time with the understanding that the participant will not be identified by name, without permission.

X	
Signature of Legal Parent/Guardian	Date

Authorization for Emergency Health Care: This health history is correct and accurately reflects the health status of the named participant. The person described has permission to participate in all church activities except as noted by me and/or an examining physician. I give permission to the physician selected by the Church to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. In the event of an emergency, activity leadership will make every effort to reach me as soon as possible. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with church staff. I give permission to photocopy this form. In addition, the church has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. In the event treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider

Release of Liability: I the undersigned have legal custody of the participant named above, a minor, and have given my consent for him/her to attend events being organized by The Well UMC. I understand that there are inherent risks involved in any ministry, children's or youth event, and I hereby release the Church and the Minnesota Annual Conference of the United Methodist Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. I also agree to bring my minor child home at my own expense should they become ill or if deemed necessary by a The Well UMC staff member.

X		
Signature of Legal Parent/Guardian	Date	

		Yes	No
	Authorization/Release of Liability section signed?		
	Consent for use of photos, etc.?		
<u> </u>	Any allergies?		
Only	Anything that requires follow-up?		
Staff Use	Recent exposure to communicable disease, illness, injury?		
itaff	Staff Initials: Date:	1	
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Authorization of Health Care