

# HEALTH INFORMATION - LUMC YOUTH

*This form will be valid for one calendar year. Expires \_\_\_\_\_*

Youth name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Emergency alternate name & phone \_\_\_\_\_

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance carrier \_\_\_\_\_

Policy number \_\_\_\_\_ Expiration date \_\_\_\_\_

Verification requirements \_\_\_\_\_

(Include a photocopy of both sides of your insurance card.)

Date of last tetanus shot or booster \_\_\_\_\_

Previous major illness/injury? Explain \_\_\_\_\_

Restriction of activities? \_\_\_\_\_ none \_\_\_\_\_ sports \_\_\_\_\_ swimming \_\_\_\_\_ hiking

Other? Specify \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Medications required? Give details and instructions for sponsors: \_\_\_\_\_

\_\_\_\_\_

Medications that should NOT be given \_\_\_\_\_

Medications that are OK to be given by sponsor: (circle) Aspirin Tylenol Advil

Allergies: (circle) Penicillin Tetanus shots Hay fever Sulfa Poison Ivy Insect bites Food

Other?

Specify \_\_\_\_\_

What other information about this participant would be helpful for the adult sponsors to know during this week of mission work?

**AUTHORIZATION AND WAIVER**

I, undersigned, being the parent and/or person otherwise legally authorized to act on behalf of \_\_\_\_\_, a minor child/participant, in consideration of the opportunity for said Minor/participant, to participate in the activities of Lenexa United Methodist Church.

- 1. In the event of any injury or medical emergency affecting said Minor/participant, and grant to the church anyone acting on behalf of the Church, the right to provide, approve, seek and obtain medical care, treatment, and assistance for said Minor/participant, and,
- 2. Waive all claims of the said Minor/participant or anyone claiming through said Minor/participant against the Church arising of said activities.

I understand that this document has significant legal consequences, but I also believe that the Minor child/participant will benefit from the Activities of the Church, and, for that reason and in consideration of said benefit, I choose to execute this Authorization Waiver.

\_\_\_\_\_  
Parent (of minor child)Signature OR Participant (if adult sponsor) signature

**STATE OF KANSAS**

Before me the undersigned authority, on this day personally appeared

\_\_\_\_\_

Known to be the person whose name is subscribed above, and acknowledge to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Notary Public for \_\_\_\_\_ County

My commission expires:

\_\_\_\_\_