

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:
