

FARLEY COMMUNITY CHURCH YOUTH MINISTRY, HUNTSVILLE, ALABAMA
2018 HEALTH AND LIABILITY RELEASE FORM – FOR YOUTH AND YOUNG ADULTS
(This form is for youth and young adults, up through age of 20. If your parents insure you, you should use this form.)

Name _____ Birthdate _____ Age _____ Home Phone _____
Address, C-S-Z _____
Parents _____ Cell Phone - His _____ Hers _____

1. Does your young person have any allergies or asthma? (Include foods, plants, bee stings, pets, medications, etc.)
Please also indicate how should we treat. _____

2. ___ Yes ___ No My young person may receive the following from the staff from our first aid kit:
(Please cross out what we should not give to your young person.) These brands or similar brands: Tylenol, ibuprofin, Aleve, Pepto-Bismal, Tums, Sudafed-decongestant, Benedryl-antihistamine, Robitussin-cough suppressant, Caladryl, Neosporin.

3. Do you want your youth to carry and self-administer any medications? If so, please list what medications: _____

4. List any other medical conditions the staff should be aware of with instructions on how we should treat.
(fainting, sleep walking, heart condition, back problems, female concerns, etc.) _____

5. Indicate young person's swimming ability: (be very honest)
A. Cannot swim. B. Can swim, but less than 50 feet. C. Swims OK. D. Strong swimmer. E. Trained Life Saver.

6. MEDICAL & EMERGENCY INFORMATION: Please list the date of last tetanus shot: _____

Doctor _____ Phone _____
Insurance Company _____ Policy # _____

In case of an emergency, we will call the numbers listed above.

If no answer, please reach me at _____ Phone _____

Then, if no answer, please call my friend/relative _____ Phone _____
Address _____

7. EMERGENCY PROCEDURE AGREEMENT: IN THE EVENT OF ANY EMERGENCY, LEADERS WILL ATTEMPT FIRST TO CONTACT YOUR FAMILY &/OR DOCTOR. In the event that this is impossible, please note below:

___ Yes ___ No 1. With my signature below, I hereby authorize First Aid by staff or other adults.

___ Yes ___ No 2. With my signature below, I hereby authorize emergency medical care by hospital staff and/or doctor selected by staff or other adults.

___ Yes ___ No 3. With my signature below, I authorize physician selected by staff or other adults to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

If parent has answered "No" to either 1, 2, or 3 above, you must indicate the procedure to be followed in event we are not able to contact parent:

8. RESPONSIBILITY AGREEMENT: Farley Community Church and its Youth Ministry is committed to provide a wholesome and safe program. If an accident/injury/illness should occur, however, I do have medical insurance for my youth. If there is no insurance or only limited coverage, I assume all financial/medical responsibility. I also release Farley Community Church and personnel, (staff, counselors, adult & youth leaders) from liability.

9. PHOTO RELEASE AGREEMENT: I give Farley Community Church and its Youth Ministry permission to use photos of me or my family members for public display or for our website. ___ Yes ___ No

WITH MY SIGNATURE, I AGREE: A. That the information on this entire form is correct to the best of my knowledge. B. I agree with #7, #8, #9 as indicated above; C. that this form shall be valid for any Farley Community Church Youth outings, events, retreats or trips from **January 1, 2018 - December 31, 2018**, and D. that I will promptly update this information if different conditions arise during this indicated time after this form is turned in.

Date _____ Parent Signature _____

Date _____ Notary's Signature _____ My commission expires _____

FARLEY COMMUNITY CHURCH YOUTH MINISTRY, HUNTSVILLE, ALABAMA
2018 HEALTH AND LIABILITY RELEASE FORM – *FOR ADULTS*
(IF YOU ARE OVER 21 AND/OR YOU CARRY YOUR OWN INSURANCE, you should use this form.)

Name _____ Birthdate _____ Age _____ Home Phone _____

Address, C-S-Z _____

Cell Phone - His _____ Hers _____

1. Do you have any allergies or asthma? (Include foods, plants, bee stings, pets, medications, etc.)

Please also indicate how you treat. _____

2. Our first aid kit contains these brands or similar brands listed below. Please cross out any of these that you should not have: Tylenol, ibuprofen, Aleve, Pepto-Bismal, Tums, Sudafed-decongestant, Benedryl-antihistamine, Robitussin-cough suppressant, Caladryl, Neosporin.

3. Do you carry and self-administer any medications? If so, please list what medications: _____

4. List any other medical conditions the staff should be aware of with instructions on how we should treat. (fainting, sleep walking, heart condition, back problems, female concerns, etc.) _____

5. Indicate your swimming ability: (be very honest)

A. Cannot swim. B. Can swim, but less than 50 feet. C. Swims OK. D. Strong swimmer. E. Trained Life Saver.

6. MEDICAL & EMERGENCY INFORMATION: Please list the date of last tetanus shot: _____

Doctor _____ Phone _____

Insurance Company _____ Policy # _____

In case of an emergency, we will call the numbers listed above.

If no answer, please call _____ Phone _____

Address _____

Then, if no answer, please call _____ Phone _____

7. EMERGENCY PROCEDURE AGREEMENT: IN THE EVENT OF ANY EMERGENCY, LEADERS WILL ATTEMPT FIRST TO CONTACT YOUR FAMILY &/OR DOCTOR. In the event that this is impossible, please note below:

___ Yes ___ No 1. With my signature below, I hereby authorize First Aid by staff or other adults.

___ Yes ___ No 2. With my signature below, I hereby authorize emergency medical care by hospital staff and/or doctor selected by staff or other adults.

___ Yes ___ No 3. With my signature below, I authorize physician selected by staff or other adults to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

If you have answered "No" to either 1, 2, or 3 above, you must indicate the procedure to be followed in event we are not able to contact your family:

8. RESPONSIBILITY AGREEMENT: Farley Community Church and its Youth Ministry is committed to provide a wholesome and safe program. If an accident/injury/illness should occur, however, I do have medical insurance. If there is no insurance or only limited coverage, I assume all financial/medical responsibility. I also release Farley Community Church and personnel, (staff, counselors, adult & youth leaders) from liability.

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WITH MY SIGNATURE, I AGREE: A. That the information on this entire form is correct to the best of my knowledge. B. I agree with #7, #8, #9 as indicated above; C. that this form shall be valid for any Farley Community Church Youth outings, events, retreats or trips from **January 1, 2018 - December 31, 2018**, and D. that I will promptly update this information if different conditions arise during this indicated time after this form is turned in.

Date _____ Signature _____

Date _____ Notary's Signature _____ My commission expires _____