

# The Well **kids** & **the Well youth**

a United Methodist Church

## Registration Form 2022 & 2023

### 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.

<b>General Information</b>	<b>Participant</b>	Name (last, first, middle):		
		Birth Date:	Grade:	
		Gender:	Cell #: (      )	
		Home Address:		
		Email Address:		
	<input type="checkbox"/> I give permission for the Children & Youth Leaders to contact the named participant by cell phone/text			
	<input type="checkbox"/> I give permission for The Well to send emails to the named participant.			
	<b>Parent/Guardian with legal custody</b> to be contacted in case of illness or injury	Name:		Relationship to participant:
		Home Address (if different from above):		
		Preferred Phones: (      )		(      )
Email address:				
<b>Second parent/guardian</b> or other emergency contact	Name:		Relationship to participant:	
	Preferred Phones: (      )		(      )	
	Email address:			
<b>Emergency contact</b> If parent(s)/guardian(s) cannot be reached	Name:		Relationship to participant:	
	Preferred Phones: (      )		(      )	
	Email address:			

<b>Insurance Information</b>	Is the participant covered by family medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, indicate carrier or plan name:
	Policy or Group #:
	Policy holder name:

<b>Allergy Information</b>	<input type="checkbox"/> No known allergies for this participant	
	<b>The participant is allergic to:</b>	Please describe the allergy (be specific), the reaction seen and how it is treated
	<input type="checkbox"/> Food(s)	
	<input type="checkbox"/> Medicine(s)	
	<input type="checkbox"/> The environment (insects, hay fever, etc.)	
<input type="checkbox"/> Other		

Healthcare Providers	<b>Name of participant's:</b>	<b>Phone:</b>
	Primary doctor(s):	(     )
	Dentist:	(     )
	Orthodontist:	(     )

Physical, Mental, Emotional and Social Health	<p>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.</p>
	<p>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)  <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b> Please explain "Yes" answers below, attaching a separate sheet if more space is needed</p>

Immunization & Exam History	<p>Are the participant's immunizations/vaccinations that are required for school up to date?  <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></p>
	<p>Date (month/year) of last Tetanus shot:</p>
	<p>Date of last Health Exam:</p>

Restriction Information	<p><b><u>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.</u></b></p>
	<p><input type="checkbox"/> I have reviewed the program/activities of the church and feel that the participant can participate without restrictions.</p> <p><input type="checkbox"/> I have reviewed the program/activities of the church and feel that the participant can participate with the following restrictions (<i>please describe</i>):</p>

Additional Information	<p><b>Rules of Conduct:</b></p> <ul style="list-style-type: none"> <li>• Respect property</li> <li>• Respect planned activities</li> <li>• Respect one another, staff, and adult and youth leaders</li> </ul>
	<p><b>You will be contacted if:</b></p> <ul style="list-style-type: none"> <li>• Outside medical attention is necessary (e.g., if we transport your participant to a hospital/doctor's office)</li> <li>• Your participant is having discipline problems that are persistent or are jeopardize the safety of others</li> <li>• Your participant is exposed to a communicable disease</li> </ul>

<b>Media Release</b>	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

<b>Authorization of Health Care Release of Liability</b>	<p><b>Authorization for Emergency Health Care:</b> 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</p> <p><b>Release of Liability:</b> 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.</p>	
	X _____ Signature of Legal Parent/Guardian	_____ Date

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