

**UNITARIAN UNIVERSALIST ASSOCIATION  
PARENT/GUARDIAN'S CONSENT AND RELEASE FORM**

I, \_\_\_\_\_ (parent/guardian name) am the parent or legal guardian of \_\_\_\_\_ (youth name). I give my consent for him/her to attend the \_\_\_\_\_, herein after known as "THE EVENT." I give my consent and authority for the Unitarian Universalist Association ("UUA") staff or designated adult to take action to help ensure the safety, health and welfare of my child. I understand that if my child breaks any federal/state/provincial or local laws, s/he will be asked to leave THE EVENT and I will be informed.

**The child covered by this authorization is:**

Full Name \_\_\_\_\_

Age \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In Case of Emergency during THE EVENT Contact:

Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

**Medical / Health Problems:**

Is your child under the care of a physician for

Epilepsy?  yes  no

Diabetes?  yes  no

Other (specify) \_\_\_\_\_

Please note if your child has any of the following:

Allergies \_\_\_\_\_ Asthma/Respiratory \_\_\_\_\_

Surgery \_\_\_\_\_ Heart Problems \_\_\_\_\_

Seizures \_\_\_\_\_ ADD \_\_\_\_\_

Headaches \_\_\_\_\_ Stomach \_\_\_\_\_

Broken bones \_\_\_\_\_

Other \_\_\_\_\_

**Note:** Individuals not immunized due to religious objection must submit a written and signed statement from parent/guardian stating objection to their child's immunization due to religious beliefs. Youth not immunized due to medical exemption must submit a statement signed by a physician.

**Health Care Information:**

Name of Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_

Phone \_\_\_\_\_

Do you carry family medical/hospital insurance?

yes  no

Name of parent/person with insurance policy:

\_\_\_\_\_

Health Insurance Company:

\_\_\_\_\_

Policy #

\_\_\_\_\_

Group #

\_\_\_\_\_

My child currently takes the following medications:

\_\_\_\_\_

\_\_\_\_\_

All youth requiring prescription medicine while at THE EVENT need to check in with THE EVENT nurse upon arrival. All medicine will be kept locked in the health center area and distributed under the supervision of the nurse. Asthma inhalers and epi-pens prescribed for severe allergic reaction may be carried, but please check with the nurse upon arrival so that these medications may be checked and documented. Please bring medicines to THE EVENT in the original prescription bottle or container. Youth wishing to take nonprescription medicine such as Tylenol or ibuprofen should also check this medicine in with the THE EVENT nurse along with written instructions and consent from parent/guardian.

**Authorization for Medical Treatment:** I hereby give permission to UUA staff to provide basic first aid treatment and care to my child within the scope of their training. I also give permission to the medical personnel selected by the UUA to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the UUA to secure and administer treatment, including but not limited to hospitalization, anesthesia, emergency surgical care and prescriptive drugs for the health of my child.

**Waiver/Release Agreement:** I, the undersigned, as a parent/legal guardian of the above named child, in consideration of the services of the UUA, its officers, employees, agents and volunteers, (herein after collectively referred to as the "UUA"), agree to release, indemnify, and discharge the UUA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my child's participation in THE EVENT entails known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties.
2. My child's participation in THE EVENT is voluntary, and I elect to allow him/her to participate in spite of the risks.
3. I hereby voluntarily release, discharge, and agree to indemnify and hold harmless the UUA from any and all claims, demands, or causes of action that are in any way connected with my child's participation in THE EVENT.
4. I certify that I have adequate insurance to cover any injury or damages my child may cause or suffer while participating in THE EVENT, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition my child may have.
5. I realize that any photos taken of my child during THE EVENT become property of the UUA and may be used in UUA materials. I realize there will be no compensation for the use of these photos.  
(If you **do not** want your child's photo used in UUA materials, please initial here. \_\_\_\_\_)

**Parent/Guardian's Name (printed):** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_