

**Oakland United Methodist Church  
Emerge Youth Ministry  
Medical Release/Covenant Forms  
2020-21 Calendar School Year Events**

Name: \_\_\_\_\_  
(Last) (First) (Middle initial)

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Phone Contacts: Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Emergency Contact:*

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
(Parent, Legal Guardian or Spouse)

**HEALTH FORM**

Allergies/special health concerns/needs:

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Policy #: \_\_\_\_\_ Group# \_\_\_\_\_ )

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with your child, \_\_\_\_\_, every reasonable effort will be made to contact the persons listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders associated with this group to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to those adults in attendance with the Oakland United Methodist Church Youth Ministry ("Emerge") from your church.

(Over)

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by the Oakland United Methodist Emerge youth program or its agents liable for any accident, injury or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately.

I, the undersigned, also authorize the participation of the subject of this form in all activities relating to the 2019-20 (June 1, 2020 – September 1, 2021) Events of Emerge Youth Ministries and/or OaklandKids Children’s Ministries. I understand that it is my responsibility to provide any updates to this information to the Oakland United Methodist Church Emerge Youth Ministry team during my/my child’s participation throughout my participation.

This form also releases my child to be transported to and from Emerge Youth Outings via either the OUMC insurance transportation or transportation of an approved Youth Ministry Leader for the coming year. (6/1/20 – 9/1/21)

I approve my child, and their image to be posted on the Oakland Church website and any related Social Media forum respectively.

I release my child to participate in Emerge Youth Ministry activities with the knowledge of Covid-19 and the risk that this virus contains in respect to my child and family. I will not allow my child to attend sessions or events within the ministry if they have a body temperature above 100 degrees, and or have knowingly been exposed to the virus via a direct positive result in another individual.

Signature of Participant (If 18 or older)

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date \_\_\_\_\_