

Broadway UMC
1323 Melrose St.
Bowling Green, KY 42104
(270) 843-3942

Medical Form

Name of Minor _____ Birthdate _____

Address _____ Grade _____

City _____ State _____ Zip Code _____

Parent's cell _____ cell _____

Business _____ Business _____

Notify in Case of Emergency _____

Phone Number _____ Relationship _____

Health/Accident Insurance Company _____

City _____ State _____ Zip Code _____

Policy Number _____ Group Number _____

List any allergies (food, drugs, pollen, etc.)

Tetanus Toxin (date last given) _____

Have you had any serious illness or surgeries in the past year? Yes No

(If yes, please list on separate sheet and attach.)

List any condition that a physician treating you should be aware of and medication you are taking: _____

Family Doctor _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

I give permission for this minor to travel with adults assigned as Broadway United Methodist Youth leaders. While in their care, I give my permission for them to seek professional care in case of medical or dental emergency.

Signature _____ Date _____

Attach copy of Insurance Card.



Name of Participant _____

I / we the undersigned, are the parents having legal custody or the legal guardianship of the above named participant, a minor, have given legal consent for him / her to be transported by and in custody of staff or volunteers of Broadway United Methodist Church. In the event that he/she is injured while attending activities and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed healthcare professional. In the event that treatment is required, I / we agree to hold the church staff and volunteers and Broadway United Methodist Church free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as treatment is administered by or under the supervision of a licensed healthcare professional. I/ we also acknowledge that I/we will be ultimately responsible for any cost of medical care should that care not be reimbursed by my health insurance carrier.

***This form is part of a larger release package related to COVID-19 that is part of the permission/waiver being granted, and taken with the remaining release package, will constitute the full release and terms agreed to.

Parent / Guardian Signature _____

Student's Full Name _____ **Date of Birth** _____

Home Address _____ **Phone** _____

I/we acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I/we further acknowledge that Broadway United Methodist Church has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I/we further acknowledge that Broadway United Methodist Church cannot guarantee that my minor child will not become infected with the Coronavirus/Covid-19. I/we understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of my minor child and others, including, but not limited to, other minor children and their families, church staff, volunteers and/or their outside sources all of which I acknowledge are beyond Broadway United Methodist Church's control. I/we voluntarily seek to include my/our minor child in the activities planned by Broadway United Methodist Church and acknowledge that I am increasing my risk and my minor child's risk to exposure to the Coronavirus/COVID-19. I/we acknowledge that I/we and my minor child must comply with all set procedures to reduce the spread while attending.

I/we hereby release and agree to hold Broadway United Methodist Church, its employees and volunteers harmless from, and waive on behalf of myself, my minor child, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services or activities received from Broadway United Methodist Church. I understand that this release discharges Broadway United Methodist Church from any liability or claim that I/we, my minor child, my heirs, or any personal representatives may have against Broadway United Methodist Church with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Broadway United Methodist Church.