

## *Instructions for Turning in Medical Forms at YAC*

Please collect all the medical forms for your group. Everyone registered, including adults, must have a medical form. A packet will be mailed to your youth leader to the address you provided with your registration. Place all medical forms in the envelope provided in this packet. The youth leader attending must sign the statement below and turn this signed statement, as well as your medical forms, in at your district registration table on June 8 between 5:30-7 PM in Chautauqua Hall, Lakeside OH. You will not be able to pick up your registration materials if you do not have your medical forms and this signed statement.

Medical forms can be copied from the sample form in the leader packet, or printed directly from our website at [www.eocumc.com/yac](http://www.eocumc.com/yac). Please do not mail your medical forms to our office. If you have any questions about this process, please contact Shawndelle at 330-499-3972 ext 132.

## *Medical Form Acknowledgement Statement*

Church Name \_\_\_\_\_

Church District \_\_\_\_\_

Number of registrants attending from my church \_\_\_\_\_

Number of medical forms enclosed \_\_\_\_\_

By signing this form, I certify that every participant from my church, teen and adult, has a medical form enclosed. As the group leader of the church listed above, I understand that while at YAC 2018 the local church I represent is responsible for the care of the child(ren) whose name(s) appear on the forms enclosed throughout the entire weekend of June 8-10, 2018. I have informed the parent(s) of the accommodations and sleeping arrangements for our youth group, and have also directed them as to how to contact their child(ren) in the case of an emergency at home.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# YOUTH ANNUAL CONFERENCE HEALTH/VIDEO RELEASE FORM

This form **MUST** be filled out by every youth **and** adult attending YAC  
**AND** All persons UNDER 21, who are on their parent's/guardian's insurance plan,  
**must have a parent/guardian signature on this form.**

Please complete this form for each attending participant and **DO NOT MAIL:**

Please refer to instructions above  
for turning in medical forms at the YAC Registration Table

Name: \_\_\_\_\_ Local Church: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Church Group Leader: \_\_\_\_\_ Group Leader Phone: \_\_\_\_\_

## Name and Phone Numbers to Call in Case of an Emergency:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list\*: \_\_\_\_\_

Do you have any special condition(s) we should be aware of (Epilepsy, Diabetes, etc.)? \* \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_ Yes \_\_\_\_\_ No (If YES please list)\*

Date of last tetanus shot \_\_\_\_\_

**PARENT'S AUTHORIZATION:** This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed YAC 2018 activities except as noted by me.

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_  
(Child's name)

to attend Youth Annual Conference June 8-10, 2018 at Lakeside, Ohio. In order that my child may receive the necessary medical treatment in case of an injury or illness, I hereby authorize event staff to obtain and consent to medical treatment for my child for such injury or illness during the event, and I hereby hold harmless in the exercise of this authority the event staff, the United Methodist Church of the East Ohio Conference and their representatives, and The Lakeside Association and their representatives.

I further understand that while at **YAC 2018 the local church, listed above, is responsible for the care of the child whose name appears on this form throughout the entire weekend of June 8-10, 2018. The church youth leader accompanying this group (listed above) has informed me of the accommodations and sleeping arrangements for our youth group, and I have also been directed as to how to contact my child in the case of an emergency at home.**

## Picture and Video Waiver

I give permission to the Conference Council of Youth Ministries of the East Ohio Conference of the United Methodist Church to use pictures of my teenager, listed above, in their promotion of events, including promotion on the Conference website, and worship services at these events. I realize that no names will be attached to these pictures.

Parent/Guardian **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **Printed Name:** \_\_\_\_\_

\*Please attach additional sheets if necessary