

**Medical Liability Release for Youth
January 1, 2026 – December 31, 2026**

Youth Name _____ Phone _____

Address _____ City _____ State _____

Youth Birth Date _____ Youth Phone Number _____

Parent/Legal Guardian Name _____ Phone _____

Parent address (if different from youth) _____

If in an emergency, parent cannot be reached, alternate contact is:

Contact Name _____ Relationship to youth _____

Phone _____

My child has my permission to travel to and from Unity Minneapolis youth activities with Youth and Family Ministry volunteers.

Yes _____ No _____

I certify that my child is in good health and able to participate in all normal activities of the group.

Yes _____ No _____

If no, what are the limits to participation? Please specify _____

My child is currently under a doctor's care for: (circle if applicable)

Epilepsy Diabetes Asthma Allergies Other _____

My child is currently taking the following medication(s) _____

Prescription and non-prescription medication must be brought by youth and given to the event leader to be used at event. Prescription medication should be properly labeled with dosage and frequency of use. All medication is held by event leader or wellness person (with exception of inhalers and epi pens). We cannot supply over-the-counter medications.

The staff has my permission to dispense the following medication(s) _____

My child is allergic to the following medications or food _____

Date of last tetanus shot _____ Blood type (if known) _____

Insurance Company _____ Policy # _____

Insurance Company Phone _____

Physician _____ Phone # _____

Whenever it may be deemed to be necessary, I authorize the calling of a doctor and/or providing of necessary treatment and medical services and unless covered by insurance, agree to pay for the same. I understand that reasonable measure will be taken to safeguard the health and safety of minors and that I will be notified as soon as possible in case of an emergency. However, should you accept applicant as participant I agree to indemnify and hold harmless from responsibility the group leaders, or any representative or employee of Unity Minneapolis and Unity Worldwide Ministries from any and all liability, should injury or illness arise during my son / daughter's participation or attendance at a Unity Minneapolis youth function, no matter how caused.

Youth Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian (please print name clearly) _____