

# Faith UMC Medical Release & Permission Form

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[Please print legibly in blue or black ink]

Effective dates: June 2010 to August 2011

## Student Information

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Name \_\_\_\_\_  Male  Female Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade 10 – 11 school year \_\_\_\_\_ School \_\_\_\_\_ Youth Email \_\_\_\_\_

Check here to give FUMC Youth Director permission to email and/or text this youth regarding program activities.

Mother's name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact 1 \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact 2 \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

Hospital of preference \_\_\_\_\_

## Medical History

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1. Student is permitted to take  Tylenol  Aspirin  Advil for headache
2. Student allergic to \_\_\_\_\_
3. Is student subject to motion sickness? \_\_\_\_\_ If yes, is student permitted to take Dramamine or other (please list) motion sickness medication? \_\_\_\_\_
4. Any other health concerns that the staff need to be aware of? \_\_\_\_\_
5. Food restrictions: \_\_\_\_\_
6. Drugs and dosage currently taken \_\_\_\_\_
7. Date of last tetanus shot: \_\_\_\_\_
8. Please list and explain any major illnesses the child experienced during the last year: \_\_\_\_\_
9. Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. **Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church Youth Director prior to that event.**

**Code of Conduct – for the Student**

**For your information, we expect each student to conform to these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No students are allowed to drive other students to youth events
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Staying with the group is expected
- Cell phones must stay OFF and OUT OF SIGHT during all youth functions.

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Consent**

\_\_\_\_\_ has my permission to attend all youth activities sponsored by Faith  
(NAME OF STUDENT)  
United Methodist Church (hereinafter referred to as the "Church") from June of 2010 through August of 2011.

**This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.**

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occasionally, Faith UMC uses photographs of youth in print publicity such as newspapers, newsletters, brochures, etc. and on the church website. **No last names will be used on the internet.** Please check one of the options below and sign underneath:

- I give permission for Faith UMC to use my child's picture in public materials.
- Please do not use my child's first name on the internet, but pictures are ok.
- Please do not include my child's picture in any publicity.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_