

F.U.M.C. Medical Release and Permission Form

Everyone MUST have one of these to go on a trip.

Please Print in Ink

Students Name: _____ Age: _____ Birthdate: _____

Year in School: _____ Male/Female: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell #: _____ Work #: _____

Medical Insurance Company: _____ Policy #: _____

Mother's Name: _____ Home/Work/Cell #'s: _____

Email: _____

Father's Name: _____ Home/Work/Cell #'s: _____

Email: _____

Emergency Contact: _____ Phone #'s: _____

Physician: _____ Office phone: _____

Dentist: _____ Office phone: _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

1. For your child's safety and our knowledge, is your student a
___ good swimmer ___ fair swimmer ___ non-swimmer
2. Does your child have any allergies (i.e. pollen, medications, food, insect bites)? ___ Yes ___ No
If Yes, please describe allergy and treatment: _____

3. Date of last tetanus shot: _____
4. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this student's activities be restricted for any reason? Please explain. (use a separate sheet for additional space.)

For your information, we expect each student to conform to certain rules of conduct (including, but not limited to):

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedule and rules

Students who fail to comply with these expectations may be sent home at their parents' expense. "Failure to comply" is determined by the Youth Director and youth staff.

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's Name (printed): _____

Students' Signature: _____ Date: _____

_____ has my permission to attend all youth
Name of Student

activities sponsored by F.U.M.C. of Clinton from _____ to December 31, 2011.
Date

This consent form give permission to seek whatever medical attention is deemed necessary, and releases First UMC and its staff of any liability against personal loses 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 First UMC. **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 seemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by First UMC, 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 care 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 begin 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's name (printed): _____

Parent/guardian's signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____.

State of _____, county of _____. Address _____ Phone: _____