

Medical Release and Permission Form

Effective Dates: January 1st 2010 through December 31st 2010

Name: _____ Age: _____ D.O.B: _____
Last First Middle

School: _____ Grade: _____ Male Female

Mother: _____ H#: _____ M#: _____

Email: _____ W#: _____

Address: _____
Street City State Zip

Father: _____ H#: _____ M#: _____

Email: _____ W#: _____

Address: Same as above
Street City State Zip

Student lives with (name and relationship to student if other than both parents): _____

Emer. Contact: _____ H#: _____ M#: _____
(other than a parent)

W#: _____

Medical Insurance Co.: _____ Policy #: _____

Phone #: _____ Group#: _____

Physician: _____ Office #: _____

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

Photo Release:

I give permission for my child to be photographed and/or videotaped for future promotional materials including web site postings. I do so without expectation of compensation and with the understanding that these photographs and video images will be used exclusively by MUMC for its publications, web site, and publicity purposes.

_____ has my permission to attend all youth activities sponsored by

Name of Student

Morehead United Methodist Church from **January 1st 2010 through December 31st 2010.**

(hereinafter the "Church")

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 student.

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 student'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 student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

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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 student 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 on the back of this form, include names of medications and dosages that must be taken, and check here:** .

Check the following areas of concern for this student. If necessary, write on the back of this page:

1. For your student's safety and our knowledge, is your student a-
good swimmer fair swimmer non-swimmer
2. Does your student have any allergies to - (please list detailed info on the back of this page and check here:
pollens medications food insect bites
3. Does your student suffer from, or has ever experienced, or is being treated currently for any of the following:
asthma epilepsy/ seizure disorder heart trouble diabetes
physical handicap frequently upset stomach
(please list any additional medical information on the back of this form and check here:)
4. Date of last tetanus shot: _____
5. Does your student wear: glasses contact lenses
6. Please list and explain any major illnesses the student experienced during the last year:

Additional comments:

7. Should your student's activities be restricted for any reason? no yes (explain:)

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

- No possession or use of alcohol, drugs, or tobacco
- 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
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

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:** _____