



Youth/Children Medical Release Form

Effective dates: June 1, 2017 – May 31, 2018

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Please print in ink

Name: _____ Birthday _____
 LAST FIRST MIDDLE

Grade (2017-2018) _____ Male Female Parent's Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Student's Cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Cell Phone _____

Father's name _____ Cell Phone _____

Emergency contact (if not parent) _____ Phone _____

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 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.

Check the following areas of concern for this student. If necessary, add another page with details:

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

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 cussing
- 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

Note: If you desire to limit your child's participation in any specific event, please submit your wishes in writing to the Youth Pastor or Director of Children's Ministries prior to that event.

_____ has my permission to attend youth activities
NAME OF STUDENT

sponsored by Foundation United Methodist Church at Lakewood (hereinafter the "Church") from June 1, 2017 to May 31, 2018.

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.

I/We have read the rules of conduct, given the above evaluation of my child's health to the best of my knowledge, and hereby grant permission for my child to participate in church-sponsored youth/children's activities. I agree to abide by, and ensure my child abides by, the stated personal limitations and code of conduct.

I/We are aware that photos or video may be taken of Foundation Youth and Children Ministry participants during events, activities, and classes by Foundation staff, professional photographers, or volunteers. I/We also understand that my child is not required to have his/her picture taken. I waive the right to see or approve any publications that contain legal photographs of my child. I give Foundation UMC permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial, or other purpose. This may include but is not limited to newsletters, both print and email, posters, brochures, ads, postcards, and web pages.

Parent/guardian signature: _____ Date: _____

Parent Name (Please print): _____