

Church of the Master Children's Medical/General Permission Form

Effective dates: **June 1, 2023 – May 31, 2024**

Complete one form per child; please print in ink.

Name: _____ Age: _____ Birthday: _____

School for 2023-24: _____ Grade for 2023-24 _____

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

Primary Phone: _____

Parent/Guardian #1 Name: _____ Primary Phone: _____

Parent/Guardian #1 Email: _____

Parent/Guardian #2 Name: _____ Primary Phone: _____

Parent/Guardian #2 Email: _____

Emergency Contact (not parent) : _____ Primary Phone: _____

Medical Insurance Company: _____ ID/Group Policy #: _____

Subscriber Name: _____ Subscriber Birthdate: _____

Subscriber Relationship to Child: _____

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.

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

1. For your child's safety and our knowledge, is your child a—

good swimmer fair swimmer non-swimmer

2. Does your child have allergies to—

pollens medications food insect bites other (list below)

Please List: _____

3. Does your child need or carry an Epi-pen? Circle: Yes / No

4. 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 emotional/behavioral diagnosis

Additional explanation if needed: _____

5. Is your child current with all school-required immunizations? Circle: Yes / No If no, please explain: _____

6. Does your child wear glasses contact lenses

7. Please list and explain any **major** illnesses the child experienced during the last year: _____

8. Should this child's activities be restricted for any reason? Please explain: _____

Children's activities in our program may include, but are not limited to: cookouts, cooking, boating, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, "creeking", 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 prior to that event.*

_____ has my permission to attend all children's activities sponsored
Name of Child

by **Church of the Master United Methodist** (hereinafter the "Church") from **June 1, 2023 – May 31, 2024**.

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 child 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 child 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: _____