

Medical Release & Permission Form

Effective dates: June 17-20, 2024

Please print in ink.

Name: _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Year in school (if applicable) _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Mobile Phone _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency Contact _____ Phone: Home _____ Work _____

Physician _____ 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 you/your child is subject and of which the staff should be aware, and what, if any action of protection is required. 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 person. If necessary, add another page with details:

1. Do you/your child have allergies to --

pollens medications food insect bites

2. Do you/your child suffer from, or has experienced, or is being treated currently for any of the following:

asthma epilepsy / seizure disorder heart trouble diabetes

frequently upset stomach physical handicap

3. Do you/your child wear: glasses contact lenses

4. Please list and explain any major illnesses the child experienced during the last year (use back if needed):

Should you/your child's activities be restricted for any reason? Please explain (use back if needed):

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

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- 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 schedules

Individuals who fail to comply with these expectations may be sent home at their own/parents' expense.

I, the parent/guardian of the participant, have read the rules of conduct, the above evaluation of my participant's health, and give permission for them to participate in activities. I agree to abide by the stated personal limitations and code of conduct.

Parent/Guardian signature: _____

Date: _____

Activities may include, but are not limited to: cookouts, obstacle course, boating, water skiing, swimming, basketball, roller skating, trampoline park, 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 prior to the event.

_____ has my permission to attend VBS at Chesterton United
NAME OF PARTICIPANT Method Church ('the Church') June 17-20, 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 individual.

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: _____

Chesterton United Methodist Church
Church: 219-926-1478