



MEDICAL RELEASE & PERMISSION FORM

PLEASE PRINT IN INK

Student Name: _____ Age: _____ Birthdate: _____

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

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

Home Phone #: _____ Student's Cell #: _____

Medical Insurance Company: _____ Policy #: _____

Guardian Name: _____ Cell #: _____

Work #: _____

Other #: _____

Email: _____

Guardian Name: _____ Cell #: _____

Work #: _____

Other #: _____

Email: _____

Emergency Contact: _____ Relationship to student: _____

Phone #: _____

Physician: _____ Office #: _____

Dentist: _____ Office #: _____

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 & dosages that must be taken.

1. For your child's safety & our knowledge, is your student a: *circle one*
Good swimmer / Fair swimmer / Non-swimmer
2. Does your child have any allergies (both food & other)? *circle one* YES NO
3. Date of last tetanus shot: _____
4. Please list & 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 & staple to this.

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 & comply with event schedule & rules

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in group activities. I agree to abide by the stated personal limitations and code of conduct.

Student's Name (PRINTED): _____

Student's Signature: _____ **Date:** _____

This consent form gives permission to seek whatever medical attention is deemed necessary, & releases First United Methodist Church & its staff of any liability against personal losses of named child. I/We, the undersigned, have legal custody of the student named above, a minor, & 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, & I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any & 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 & 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 First UMC, I/we agree to hold such person free & 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 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 also give my permission for the use of any photos, movies, and audio or video tapings of my child's activities in connection to the First United Methodist Church of Clinton's Kids Ministry, to be used with First UMC's approval for educational, religious or promotional purposes, media coverage, or for publicity benefiting educational, promotional, or religious purposes.

_____ has my permission to attend all Kids Ministry activities sponsored by First United Methodist Church of Clinton from _____ to _____.

Parent/Guardian's Name (PRINTED): _____

Parent/Guardian's Signature: _____ **Date:** _____