



HERITAGE CHURCH STUDENT MINISTRIES

2018-2019 MEDICAL RELEASE/PERMISSION FORM

EFFECTIVE FROM: 4-15-18 to 8-31-19



NAME OF STUDENT: _____
LAST FIRST M.I.

ADDRESS: _____
STREET CITY ZIP STATE

STUDENT HOME PHONE: _____ STUDENT CELL PHONE: _____

STUDENT EMAIL: _____

DOB: _____ GRADE FOR 2018-2019 SCHOOL YEAR: _____ SCHOOL: _____

CONTACT INFORMATION

MOTHER: _____ CELL: _____ WORK: _____

EMAIL: _____

FATHER: _____ CELL: _____ WORK: _____

EMAIL: _____

EMERGENCY CONTACT: _____ CELL: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER: _____

MEDICAL INFORMATION AND HISTORY (OR ATTACH A MEDICAL CARD TO BACK OF THIS SHEET)

MEDICAL INSURANCE COMPANY (OR ATTACH MEDICAL CARD): _____

POLICY #: _____ PHYSICIAN: _____ PHONE: _____

POLICY #: _____ DENTIST: _____ PHONE: _____

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 below and/or attach it to this form. Please include names of medications and dosages that must be taken.

CURRENT MEDICATIONS/ILLNESSES/ILLNESSES FROM THE PAST YEAR WE NEED TO BE AWARE OF:

Check each area of concern for this student. If necessary, add another page with details.

1. What type of swimmer would you consider your son/daughter? Good Fair Non-swimmer

2. Does your child have allergies to any of the following (Check if YES): Food Pollens Medications Insect Bites

PLEASE EXPLAIN: _____

3. Has your child ever experienced, or is being treated for any of the following: (List any current medications being taken)

Asthma Seizure Disorder Heart Trouble Diabetes Frequently Upset Stomach Physical Handicap Other

PLEASE EXPLAIN: _____

4. Date of last tetanus shot: _____ Unsure (If unsure, one will be given if required by doctor)

5. Does your child wear (Check if YES)? Glasses Contact Lenses

6. Should your child's activities be restricted? If yes, please explain.

STUDENT AGREEMENT TO RULES OF CONDUCT:

NO possession or use of alcohol, drugs or tobacco. NO students can drive church vans. NO fighting, weapons, fireworks, lighters, or explosives. NO offensive or immodest clothing. NO offensive or inappropriate language. NO boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected. Respect for one another, staff, and adult leaders. Respect and comply with event schedules.

STUDENTS WHO FAIL TO COMPLY WITH THESE RULES CAN BE SENT HOME AT YOUR EXPENSE!

I, _____, (student's name) 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:** _____

PARENT/GUARDIAN PERMISSION:

Activities may include, but are not limited to: Bible Studies, mission trips, retreats, camping trips, concerts, fast food trips, cookouts, boating, water skiing, snow skiing/snow-boarding, swimming, biking, hiking, hayrides, movies, and various types of sports and athletic events.

NOTE: *If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ (NAME OF STUDENT) has my permission to attend all youth activities sponsored by HERITAGE UNITED METHODIST CHURCH from: APRIL 15, 2018 to AUGUST 31, 2019.

This consent form gives permission to seek whatever medical attention is deemed necessary, and release HERITAGE UNITED METHODIST CHURCH and its staff of any liability against personal losses of named child.

I/We have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by HERITAGE CHURCH. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release HERITAGE CHURCH, its pastors, employees, agents, and volunteer workers from any and all full 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 HERITAGE 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 I/We will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance provider. Furthermore, I/We affirm that the health insurance information provided on the previous page 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 a student ministries staff member.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PICTURE/VIDEO PERMISSION:

I give HERITAGE UMC permission to photograph/video my child for the purpose of being displayed in the newsletter, bulletin, in videos played during services, on Heritage UMC Websites, Heritage Facebook Page, or any other HERITAGE UMC correspondence. These photos/videos are to be used solely for ministry updates and promotion for future events at HERITAGE UMC.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

OPTIONAL: ATTACH COPY OF MEDICAL CARD BELOW

A large dashed rectangular box intended for attaching a copy of a medical card.