

FUMC STUDENTS

Medical Release Form

Student Information

Name: _____ Gender: _____

Age: _____ Date of Birth: _____ / _____ / _____ Current Grade: _____

Home Phone _____ Student E-mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent Information

Fathers Name: _____ Business or Cell Phone _____

Mothers Name: _____ Business or Cell Phone _____

Guardians Name: _____ Business or Cell Phone _____

Parent/Guardians E-mail: _____

Emergency Contact (if parents or guardian cant be reached)

Name: _____ Phone _____

SECTION 1 – CONSENT

I, the undersigned person, parent or legal guardian of _____

(name of self, or minor's name)
I understand that in the event of injury to the said minor, a representative of CLERMONT FIRST UNITED METHODIST CHURCH /Youth Force Clermont will first attempt to contact me, the parent or legal guardian, for verbal consent in addition to this written consent before authorizing medical care.
Therefore, I do hereby authorize REPRESENTATIVES OF CLERMONT FIRST UNITED METHODIST CHURCH Youth Force Clermont to CONSENT to an x-ray, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named person under general or special supervision and upon the advice of a licensed physician, surgeon or dentist. IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above person requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a licensed physician, surgeon or dentist to exercise professional judgment and assess the risks incident to and choose the necessary treatment from any available alternative and to render such care and perform such treatment as professional judgment would determine to be necessary for the health and safety of the named person.

Self/Parent/Legal Guardian _____ Date Signed & Notarized _____

SECTION 2 – PARTICIPANT INFORMATION

Name of Participant _____
Social Security _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Phone (home) _____ (cell) _____
(Mother Work) _____ (Father Work) _____

SECTION 3 – MEDICAL AUTHORIZATION

I hereby give permission to Representatives of Clermont First United Methodist Church/Youth Force Clermont to administer the following over-the-counter medication, according to recommended dosage and directions, if necessary: (check box if authorized).

- c Aspirin c Tylenol c Ibuprofen c Sinus Med c Cold Med c Antacid

SECTION 4 – INSURANCE INFORMATION (Include copy of ins card)

Insurance Company _____
Policy/Group # _____

SECTION 5 – PARTICIPANT INFORMATION

Participant's Phone _____

Any Special Medication

(Indicate medication name, amount taken and frequency taken)

Participant's Medical History or Important Health Information

Any special conditions needing awareness or that require special attention

Recent Operations/Serious Injuries/Reoccurring Illness

Has the minor ever had any of the following? Check all that apply. Write "UNK" if date is unknown

CONDITIONS/ILLNESSES

	If Yes	Date (if known)
Heart Murmur	_____	_____
Diabetes	_____	_____
Hypertension	_____	_____
Hernia	_____	_____
Attention Deficit Disorder	_____	_____
Abnormal Hyperactivity Diagnosis	_____	_____
Attention Deficit Hyperactivity Disorder	_____	_____

ALLERGIES

- Poison Ivy/ Oak/ Sumac _____
- Insect/ Bee Stings _____
- Asthma _____
- Other: _____
- Other: _____

VACCINES

Tetanus _____ If Yes _____ Date (if known) _____

NOTARY

(required for out-of-state trips)

I, the undersigned, a Notary Public in the County of _____, State of _____, do hereby certify that the above signed persons, personally appeared before me this day and acknowledged the due execution of the forgoing Authorization for Medical Care. Witness hand and notary seal this the _____ day of the month of _____, in the year _____.

NOTARY Signature: _____

My Commission Expires: _____

Code of Conduct

- refrain from the use of tobacco products in all forms, illegal drugs and alcohol
- conduct myself in a manner which shows the highest Christian regard/respect of all persons
- participate in all activities and remain with the group at all times
- dress in a manner that shows good taste and Christian witness
- follow the directions and policies of the FUMC leadership
- refrain from verbal abuse, including put-downs, inappropriate jokes, sarcasm, and racial slurs
- respect the property and privacy of others
- refrain from behavior, which might result in physical harm to myself or others.

Trip Rules

- No Girls in, near, or around Guys Cabins
- No Guys in, near, or around Girls Cabins
- Clean up after yourself
- Respect the Vehicles that you ride in
- Be on time to all meals, meetings/check-ins, and activities
- No dating, liking or relationship stuff of any kind
- Lights out = Bed time
- NO PRANKING!

I have read and reviewed the above rules and code of conduct with my child and I understand that if my child chooses to break these rules I will be required to pick up my child from the retreat at my expense.

Parent Name: _____

Parent Signature: _____

A Ministry Of:
First United Methodist Church of Clermont
Anthony "Mack" Maccagnano — Student Pastor
950 7th St. Clermont, Fl 34711
Fumc-Clermont.org

Publicity Release

**First United Methodist Church
950 7th Street
Clermont, Florida
Video/Photograph
Release of Records**

I, _____, as a parent or legal guardian, hereby give my permission for _____, a student at First United Methodist Church, to be recorded on video tape, both audio and visual or in photographs taken by other church members. I expressly agree to allow the use of said tapes or photographs to be shown on the church's web site and/or Social Media Page or printed in the church's newsletter.

I expressly release and discharge First United Methodist Church from any and all liability that may arise from the use of said tapes/photographs in this manner. Further, I understand that the above mentioned video tapes/photographs are confidential in accordance with Florida Statutes section 228.093. Accordingly, by my signature below, I expressly waive any and all privacy rights which would otherwise have been accorded to this video tapes/photographs under the laws of Florida.

Witnesses:

Parent/Guardian

Date

FUMC Authority

Date