

Student Information**PSM Medical Release
& Consent Form 2021**

Name: _____ / / _____
 First (Nickname, if any) Middle Last Date of Birth

Address: _____
 Street City State Zip Cell Phone Number

Parent/Guardian Information

 Name Relationship to Child Named

() _____
 Home Telephone Cell Phone

 Name Relationship to Child Named

() _____
 Home Telephone Cell Phone

 Email

 Email

Emergency Contact

 Name Relationship to Child Named

() _____
 Home Telephone Cell Phone

Health Information**Please attach copy of insurance card front and back**

() _____
 Family Physician Telephone Number

 Primary Medical Insurance Company/Group

Date of Last Tetanus Shot: _____

 Policy Number Responsible Party

Medications: _____

Allergies: _____

General Health Concerns/Past Medical History: _____

As parent(s), legal guardian(s), or custodian(s) of this child, I/we permit him/her to participate in all officially supervised Parkway UMC Programs and Activities for which he/she is registered. I knowingly release, absolve, indemnify, and hold harmless Parkway U.M.C., its Members, Trustees, Boards, Leadership, and Staff, as well as counselors, organizers, workers and all others acting on behalf of Parkway U.M.C. or its programs and activities, from all claims that might result from any accident, personal injury, illness and/or death to the child named arising out of participation in such programs and activities. In the event that my child requires medical or dental attention while attending a PUMC event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize the PUMC Ministry Leader, Event Coordinators, or any other adult counselor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred to treat my child whether covered under insurance or not.

I have read and understand this Medical Release & Consent Form and represent that all of the information contained herein is true and correct. I accept and assume all the risks of injury associated with the activities of Parkway UMC Ministry.

Custodial Parent or Legal Guardian Signature: _____ **Date:** _____

As a child, active in the ministry programs of Parkway UMC, I agree to uphold the standards of conduct set by the leadership of the ministry. I acknowledge that my conduct reflects the image of Parkway UMC and most importantly, Jesus Christ. I commit to not participating in any conduct deemed inappropriate by the leadership of Parkway at any given event. As for any out of town trips requiring special transportation, I understand that my parents/legal guardians will be charged for any expenses of my early return home.

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




Travel & Photograph Consent Form




Parkway Student Ministry Activity **All Parkway UMC Events**

I give permission for _____ to attend **above listed trip** with Parkway UMC. I understand this is an overnight event and may involve travel. I give permission for PUMC authorized sponsors to chaperone this overnight event.

Initials _____ 

Photograph Release

Regarding photographs of my child taken during the **above listed trip**, I give PUMC permission to the following for non-profit use and without charge: use at the discretion of PUMC, display at a service or event or be used in a multimedia presentation, reprint distribution for any PUMC non-profit publication, and/or social media promotion including PUMC website.

Initials _____ 

Custodial Parent or Legal Guardian Signature: _____ **Date:** _____ 

As a student, active in the ministry programs of Parkway UMC, I agree to uphold the standards of conduct set by the leadership of the ministry. I acknowledge that my conduct reflects the image of Parkway UMC and most importantly, Jesus Christ. I commit to not participating in any conduct deemed inappropriate by the leadership of Parkway at any given event. As for any out of town trips requiring special transportation, I understand that my parents/legal guardians will be charged for any expenses of my early return home.

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