

## 2017-2018 Medical Release & Permission Form

Please print legibly in ink

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Year in school \_\_\_\_\_ \_\_ Male \_\_ Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Medical Insurance Carrier Name \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ 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 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 and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:

good swimmer  fair swimmer  non-swimmer

2. Does your child have allergies to:

pollens  medications  food  insect bites  no allergies

If yes, please list details: \_\_\_\_\_

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma     epilepsy/seizure disorder     heart trouble     diabetes  
 frequently upset stomach     physical handicap     not being treated

4. Does your child take any prescription medicine(s)? If so, please list:

\_\_\_\_\_

5. Date of last tetanus shot: \_\_\_\_\_

6. Does your child wear     glasses                       contact lenses

7. Please list and explain any major illnesses your child experienced during the last year:

Additional comments:

Should your child's activities be restricted for any reason?

Please explain:

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

No possession or use of alcohol, drugs, or tobacco. No students may drive personal or church vehicles while participating in church activities. No fighting, weapons, fireworks, lighters, or explosives. No offensive or immodest clothing. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected. Respect property. Respect one another, staff, and adult leaders. Respect and comply with event schedules. **Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rule 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: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, and hayrides.

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

\_\_\_\_\_ (NAME OF STUDENT) has my permission to attend all youth activities sponsored by **Mount Sylvania United Methodist Church** (hereinafter the "Church").

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 name child.

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 a staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE FILLED OUT BY CHURCH NOTARY** (Please do not write below this line)

**State of North Carolina, County of Durham.**

The Foregoing instrument was acknowledged before me on this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_  
by \_\_\_\_\_

\_\_\_\_\_ My commission expires on \_\_\_\_\_

Notary Public