



# St. Andrew's by-the-Sea UMC Medical Release and Permission Form 2016-2017

STUDENT NAME: \_\_\_\_\_

## ~ MEDICAL HISTORY ~

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Physician \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Medications \_\_\_\_\_ Dosage \_\_\_\_\_  
 Allergies \_\_\_\_\_ Conditions \_\_\_\_\_  
 Physical Disabilities \_\_\_\_\_  
 Special Needs \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitations, 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.

Should this child's activities be restricted for any reason? (circle one) YES NO

If YES, please explain \_\_\_\_\_

May your child be given some basic over-the-counter medications, if needed (Tylenol, Tums, Advil, Immodium, etc.)? (circle one) YES NO

## ~ PERMISSION AND RELEASE – Medical and Photo ~

\_\_\_\_\_ has my permission to attend ANCHORED YOUTH AND OTHER ACTIVITIES sponsored by ST. ANDREW'S BY-THE SEA UNITED METHODIST CHURCH (hereinafter the "Church") from August 1, 2016 to August 31, 2017.

*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 named child. Additionally, it allows the church to use images or videos of named child in future publicity for the Church.*

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 and my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

I/We grant to the Church its representatives and employees the right to take photographs of my child in connection with the Church Vacation Bible School. I/We authorize the Church, its assignees and transferees to copyright, use and publish the same in print and or electronically. I/We agree that the Church may use such photographs of my child with or without his/her name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



## YOUTH INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date (Month/Day/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_

Grade Fall 2013 \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Location \_\_\_\_\_

Email \_\_\_\_\_

## ALTERNATE CONTACT

Name(s) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Location \_\_\_\_\_

Email \_\_\_\_\_