

Skiatook FUMC  
1007 S Osage St  
Skiatook, Oklahoma 74070  
HEALTH AND RELEASE FORM  
FIX/Youth Activities  
September 2019-September 2020

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT PERSON \_\_\_\_\_

RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

DO YOU HAVE HEALTH INSURANCE? YES OR NO

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ANY PRE-EXISTING OR PRESENT MEDICAL  
CONDITIONS? \_\_\_\_\_

\_\_\_\_\_

NAME AND DOSAGE OF MEDICATIONS THAT MUST BE  
TAKEN \_\_\_\_\_

\_\_\_\_\_

ALLERGIES \_\_\_\_\_

DO YOU WEAR CONTACT LENSES? YES OR NO

\*\*\*TURN OVER\*\*\*

PARENT/GAURDIAN MEDICAL AND LIABILITY RELEASE STATEMENT:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity director to hospitalize, to secure medical treatment and/or an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by First United Methodist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

\*\*\* I give my permission for my child to receive pain reliever (such as Tylenol, Advil, etc.), antacids and Benadryl from the supervising adults. \*\*\* YES OR NO

\*\*\* I give permission for my child to be transported in the church vehicles and/or in an adult sponsors vehicle for Church Related Activities. \*\*\* YES OR NO

\*\*\*I, as parent/guardian with legal responsibility for the child listed on this form, herby grant permission to First United Methodist Church of Skiatook, Oklahoma the right to use photographs or video taken of my child/dependant for any legitimate purpose without compensation to my child/dependant, myself, my or my child/dependant's heirs, executors, or assigns. Legitimate purposes may include, but are not limited to, advertising on the web, in newspapers, magazines, internal publications, displayed prints, worship services, special events, curriculum, etc. \*\*\* YES OR NO

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**\*\*\*Student\*\*\***

I understand that by participating in any FIX activity of Skiatook UMC, I will be required to obey the leaders responsible for the activity. I recognize that rules are set in place for my safety and protection, as well as in order to provide the kind of structure necessary to conduct a successful event. I agree to abide by the rules and regulations set in place by SFUMC and any rules set by the place we are visiting. I understand that if I fail to abide by the rules, I will be dismissed from the event.

Student SIGNITURE \_\_\_\_\_ DATE \_\_\_\_\_