

Effective Dates :

_____ to _____

Rincon United Methodist Church

Medical Release & Permission Form

Please print in Ink.

Name _____ Age _____ Birthday ___/___/___
LAST FIRST MIDDLE

Year in school _____ Male Female E-Mail _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Pager/Cell _____

Medical Insurance Company _____ Policy # _____

Mother's Name _____ Phone: Cell _____ Work _____

Father's Name _____ Phone: Cell _____ Work _____

Emergency Contact _____ Phone: Cell _____ Work _____

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, and what, if any action of protections 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. A copy of the family insurance card is required.

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

- For Your child's safety and our knowledge, is your child a—
 good swimmer fair swimmer non-swimmer
- Does your child have allergies to—(list type of food/medication/insect)
 pollens medications food insect bites
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizures disorder heart trouble diabetes
 frequent upset stomach physical handicap
- Date of last tetanus shot: _____
- Does your child wear glasses contact lenses
- Please list and explain any major illness the child experienced during the last year

Additional Concerns:

Should this child's activities be restricted for any reason? Please explain.

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

- No possession or use of alcohol, drugs, or tobacco
- 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 and regulations

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the child/student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth/children group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date _____

Note: If the child is under 10 years of age, a parent signature here is required, stating you have read and explained these rules to your child.

Youth Only

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church you pastor (or office) prior to that event.*

_____ has my permission to attend all youth activities sponsored by
NAME OF CHILD/STUDENT
Rincon United Methodist 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 named child.

I/We the undersigned have legal custody of the child/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 child/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 the student ministries staff member.

Parent/guardian (s) signature: _____ Date _____