



Medical Information 2017/2018

Date (Valid for one year): _____

Name: _____ Age _____ Birth date _____
LAST FIRST MIDDLE

Year in School _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Pager / cell _____

Medical insurance company _____ Policy # _____
(A copy of the insurance card needs to accompany this form)

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Primary Physician _____ Phone _____

Dentist _____ Phone _____

Regular medications taken _____

Medical History

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 any of the following-

pollens _____ medications _____ food _____ insect bites _____ other _____

3. Does your child suffer from, has your child ever experienced, or is your child being currently treated for any of the following: asthma epilepsy/seizure disorder heart trouble diabetes frequently upset stomach physical handicap

4. Date of last tetanus shot: _____ 5. Does your child wear glasses contact lenses?

6. Please list and explain any major illnesses the child has experienced during the last year:

7. If your child's activities should be restricted for any reason, please explain:

Parent Signature _____

Permission Slip, Release and Medical Authorization

As parent of my child, _____, (hereinafter referred to as "child"), I give permission for my child to attend and participate in the Main Street United Methodist Church activity _____.

I understand and acknowledge that while Main Street United Methodist Church and its agents, staff members, volunteers, and other personnel shall make all reasonable efforts to protect the health, safety and welfare of my child, that my child will be participating in strenuous physical activities, sports and recreation, which bear the risk of severe or even terminal physical injury. Furthermore, as parent and legal guardian of my child, I authorize any Main Street UMC staff member, adult volunteer or adult chaperone present at the above activities to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care to be rendered to my child under the general or special supervision of health care providers and on the advice of a properly licensed physician or surgeon. I understand and agree that, in the event my child suffers an injury that requires medical treatment, the above named adults may authorize immediate treatment and/or first aid regardless of whether they are able to contact me regarding my child's treatment.

My child is currently taking the following medications (please describe the condition for which the medication is used): _____

My child has the following medical conditions (please include any information a treating physician should be aware of in the event of injury): _____

My child is covered under health insurance policy issued by _____

_____ The policy number _____.

Parent's Signature _____ Date _____

Liability Waiver

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Main Street United Methodist Church and its staff of any liability against personal losses of named 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, or 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 the student ministries staff member.

Parent/guardian signature: _____ Date: _____

Permission for Use of Photographs

Pictures are often taken at youth events. Some of these photographs may be posted on the church and/or youth websites. I hereby give permission for photographs of my youth, as named above, taken in normal youth activities, to be used in church publicity and posted on the website. I hereby give permission for my child's name to be used if in a group photo.

Parent/guardian signature: _____ Date: _____