



Medical Release & Permission Form

Effective Dates: August 2019 to August 2020

Please print in ink the following information about your student:

Name _____ Age _____ Birthday _____
Last First Middle

Year in school _____ Male Female E-mail _____

Address _____ City _____ State _____ ZIP _____

Phone: Cell _____ Home _____

Medical Insurance Company _____ Policy # _____

Mother's name _____ Phone: _____ Email: _____

Father's name _____ Phone: _____ Email: _____

Emergency contact _____ Relationship: _____

Emergency Contact Phone Number(s): _____

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 or protection is required on account thereof. Submit this notification in writing and attach to this form. Include name and dosage(s) of medication(s) that must be taken.

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

1. For your student's safety and our knowledge, is he or she a:

Good swimmer Fair swimmer Non-swimmer

2. Please check if your student has allergies to any of the following items (please specify each item checked):

Pollen Medications Food Insect bites Other _____

3. Does your student suffer from, or has he/she ever experienced or been treated for any of the following:

Asthma Frequently upset stomach Epilepsy/seizure disorder Heart trouble

Diabetes Physical handicap Other (please specify) _____

4. Is your student currently taking any prescription medication(s)? Yes No

If "Yes", then please list: _____

He/She is responsible for keeping the medication and self-dosing

Staff/Volunteer is responsible for keeping/dispensing the medication

*Please list any "other" medication that a staff member could give your student (e.g. Tylenol or Benadryl) and mark whether or not you request notification prior to it being dispensed. Name(s) of medication(s): _____ Notification required? _____

Rules and Expectations:

- Respect God, property, one another, staff, and all adult leaders (1 Timothy 4:12b; Hebrews 13:17).
- Comply with event schedules – participation with the group is expected (Hebrews 10:25).
- Use or possession of alcohol, drugs (for which the student has not received a prescription by a licensed physician), or tobacco products of any kind is not allowed (1 Corinthians 6:19-20).
- Acts of physical violence, weapons, fireworks, lighters, or explosives of any kind are not allowed (Proverbs 20:3; Matthew 5:9).
- Use appropriate language (Ephesians 4:29; 1 Timothy 4:12b; James 3:7-10).
- Modest and un-offensive clothing is expected (Proverbs 11:22).
- Only supervised visits to the room of a member of the opposite sex will be allowed (Proverbs 25:28; 1 Timothy 4:12b; Ecclesiastes 3:5b).

*Students who fail to comply with these expectations will receive the following consequences at Trever's discretion:

1. Verbal Warning 2. Discussion with Leaders 3. Phone call to parents 4. Sent home at parents' expense

I, the student, have read the rules of conduct, the evaluation of my health, and permission to participate in activities (listed below). I agree to abide by the stated personal limitations and code of conduct.

Student Signature _____ Date _____

Activities include but are not limited to: cookouts, sledding, swimming, sports, riding on the church bus or officially approved volunteer vehicles, roller-skating, outdoor games, bowling, camping, hiking, concerts, Bible studies, and retreats. **Note: If you wish to limit your child's participation in any event, please let Trever know in writing prior to event.**

Student: _____ has my permission to attend all youth

Activities sponsored by **Trinity United Methodist Church.**

May we use your child's picture and/or a video with him/her in it on our youth website/Facebook page?

Yes No

This consent form gives permission for my child to travel with Trinity UMC Youth and in the case of an emergency for them to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named child. By signing below, agreement with the rules and consequences listed above is also affirmed.

Parent/Legal Guardian Signature _____ Date _____