

Medford United Methodist Church Youth Group
Medical Release & Permission Form
June 2011 – October 2012

Name: _____ Age: _____ Birthdate: _____

School: _____ Grade: _____

Email Address: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent(s)' Name(s): _____

Parent(s)' Email(s): _____

Best phone numbers to reach parent(s): _____

please include cell, work, etc.

Medical Insurance Company: _____ Policy #: _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

please attach a photocopy of the front and back of youth's insurance card to this form

Photography Permission

I give my permission for pictures / videos to be taken of my child, _____,
at Medford United Methodist Church functions and outings which may be used and / or posted
on the church website to promote youth activities.

Parent / Guardian Signature: _____ Date: _____

Medical History

While our goal is to maintain and respect the privacy of each individual, we must also be prepared to protect your child and others in an appropriate manner. Therefore, please 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 and volunteer staff should be aware, and what, if any action or protection 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 or should be disclosed to any medical professional should emergency treatment be required.

(*Examples would include, but not be limited to: asthma, epilepsy / seizure disorder, heart trouble, diabetes, physical or mental disabilities.)

1. For your child's safety and our knowledge, is your student a –
 good swimmer fair swimmer non-swimmer

2. Approximate date of last tetanus shot: _____

3. Does your child have any allergies (i.e. pollens, medications, food, insect bites)? Yes No
If yes, please describe allergy and treatment: _____

4. Does your child wear glasses contact lenses neither?

5. Should your child's activities be restricted for any reason? Yes No
If yes, please describe: _____

Permissions and Waivers

Youth group activities may include **but are not limited to** the following: weekly meetings, indoor and outdoor games, cookouts, swimming, off-campus movies, off-campus service projects, retreats, overnight stays at the church, Bible Studies, etc.

Note: If you desire to limit your child's participation in any particular event, please submit your wishes in writing to the church youth director prior to that event.

At all events, youth are expected to conform to the following rules of conduct:

- No possession or use of alcohol, tobacco or drugs
- No student may drive to events, without 24-hour pre-approved permission
- No fighting, weapons, knives, fireworks, lighters or explosives

- No offensive or immodest clothing – if you aren't sure, ask an adult
- Participation with the group is required at all scheduled events
- Respect property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules and rules
- Refrain from cell phone use when instructed

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

My child, _____, has my permission to participate in all youth group activities.

Parent / Guardian Signature: _____ Date: _____

By signing this youth group medical release and permission form, I give permission to the youth leaders and adult volunteers to seek whatever medical attention is deemed necessary, and release the Medford 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 and have given my/our consent for him/her to attend events being organized by the Medford United Methodist Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Medford United Methodist Church its ministers, adults, employees, agents, and adult 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 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 Medford United Methodist Church, I/we agree to hold Medford United Methodist Church free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that I/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 or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, 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 expense should they become ill or if deemed necessary by the youth director, volunteers or staff members.

Parent / Guardian Signature: _____ Date: _____