

# **Centenary United Methodist Church**

## **Student Ministries for 6<sup>th</sup> to 12<sup>th</sup> grade**

### **Medical Release Form:** **Please print in ink**

Effective Dates: 2022-2023 Academic Year

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
          Last                              First                              Middle

Year in School: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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 the student is subject and of which the staff should be aware, and what, if any, action of 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.

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

1. For the student's safety and our knowledge, is he/she a:  
    good swimmer \_\_\_\_\_ fair swimmer \_\_\_\_\_ non-swimmer \_\_\_\_\_
2. Does the student have allergies to (if applicability please attach list of specific allergies to this form):  
    pollens \_\_\_\_\_ medications \_\_\_\_\_ food \_\_\_\_\_ insect bites \_\_\_\_\_
3. Does the student suffer from, or has ever experienced, or is being treated currently for any of the following:  
    asthma \_\_\_\_\_ epilepsy/seizure disorder \_\_\_\_\_ heart trouble \_\_\_\_\_  
    diabetes \_\_\_\_\_ frequently upset stomach \_\_\_\_\_ physical handicap \_\_\_\_\_ other \_\_\_\_\_
4. Date of last tetanus shot: \_\_\_\_\_
5. Does the student wear: glasses \_\_\_\_\_ contact lenses \_\_\_\_\_
6. Please list and explain any major illnesses the student experienced during the past year:  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

Should this student's activities be restricted for any reason? Please explain:

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

- No possession or use of alcohol, drugs or tobacco
- No students can drive
- 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

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

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

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Activities may include, but are not limited to, the following: 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, and hayrides. *Note: If you desire to limit the student's participation in any event, please submit your wishes in writing to the church Youth Director prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
Name of student

Sponsored by Centenary United Methodist Church (hereinafter the "Church") from

\_\_\_\_\_ to \_\_\_\_\_.  
Date Date

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 student.

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, 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 student'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. By signing below, I hereby hold harmless Centenary United Methodist Church, and/or members of Centenary Children's and Youth Ministries Teams or volunteers.

Parent/guardian signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

I give Centenary United Methodist Church permission to use audio, video, and pictures of my family and myself (for the purpose of marketing, sales, promotions, and advertising). By signing below, I hereby hold harmless Centenary United Methodist Church, and/or members of Centenary Children's and Youth Ministries Teams or volunteers.

Parent/guardian signature(s): \_\_\_\_\_ Date: \_\_\_\_\_