

Medical Information

Main Street United Methodist Church Activities

General Information

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 _____

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: _____