STREETSBORO UNITED METHODIST CHURCH
YOUTH SPECIAL EVENTS MEDICAL RELEASE & PERMISSION FORM

Effective dates: _____ to _____

STUDENT INFORMATION

Name_____ ❑ Male ❑ Female

Home phone(_____)_____ Cell (_____)_____

Address_____

City _____State_____ Zip _____ Birthdate _____

Grade this school year _____ School_____

Child/Youth Email _____

❑ Check here to give Streetsboro UMC staff permission to use social media or email/text this child/youth regarding program activities.

Mother's name _____

Home phone (_____)_____ Cell (_____)_____Work (_____)_____

Email _____

Father's name _____

Home phone (_____)_____ Cell (_____Work (_____)_____

Email _____

Emergency contact 1 _____

Home phone (_____)_____ Cell (_____)_____Work (_____)_____

Emergency contact 2 _____

Home phone (_____)_____ Cell (_____)_____Work (_____)_____

Medical insurance company_____ Policy #_____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Hospital of preference

_____

MEDICAL HISTORY

1. Student is permitted to take ❑ Tylenol ❑ Aspirin ❑ Advil for headache
2. Student allergic to _____
3. Is student subject to motion sickness? _____ If yes, is student permitted to take Dramamine or other (please list) motion sickness medication? _____
4. Any other health concerns that the staff needs to be aware of? _____
5. Food restrictions: _____
6. Drugs and dosage currently taken_____
7. Date of last tetanus shot:_____
8. Please list and explain any major illnesses the child experienced during the last year: _____

   _____
9. Should this child's activities be restricted for any reason?___ Please explain: _____

_____

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

CODE OF CONDUCT – FOR THE STUDENT

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

No possession or use of alcohol, drugs, or tobacco
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
Respect property
Respect one another, staff, and adult leaders
Respect and attend all required activities
Staying with the group is expected
Cell phones must stay OFF and OUT OF SIGHT during all youth functions.

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

Student signature: _____ Date: _____

PARENTAL CONSENT

_____ has my permission to attend all children/youth
(Name of Student)
activities sponsored by Streetsboro United Methodist Church (hereinafter referred to as the "church") from _____ through _____.
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 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, 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 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: _____

Occasionally, Streetsboro UMC uses photographs of children/youth in print publicity such as newspapers, newsletters, brochures, etc. and on the church website. **No last names will be used on the internet**. Please check one of the options below and sign underneath:
___ I give permission for _____UMC to use my child's picture in public materials.
___ Please do not include my child's picture in any publicity.
Parent/guardian signature: _____ Date:_____