

# UMYF Medical Release & Permission Form

Effective dates: August 20, 2009 to August 20, 2010

Please print in ink

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Last First Middle

School: \_\_\_\_\_ Year : \_\_\_\_\_ Male  Female  E-mail Parent: \_\_\_\_\_

E-mail Youth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Parent: \_\_\_\_\_ Cell Youth: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*\*Please attach a copy of your medical insurance card if applicable\*\***

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

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

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

## 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 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 area 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. Please list all known allergies (including those to food, insect bites, and medications): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date of last tetanus shot: \_\_\_\_\_

4. Does your child wear glasses:  glasses  contact lenses

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## Medical History Cont.

5. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
- asthma       epilepsy/seizure disorder       heart trouble
- diabetes       stomach problems       physical handicap

6. Does your child have any special dietary concerns? \_\_\_\_\_

7. Can we give your child over the counter medications (Tylenol, Pepto Bismal, etc...) for upset stomach, diarrhea, headache, allergic reactions, etc... while at youth events/trips? YES \_\_\_ No \_\_\_ Please describe any over the counter medications we can/cannot provide for minor illness?

\_\_\_\_\_

\_\_\_\_\_

8. During youth events/trips we rely on adult volunteers to help transport youth in their in personal vehicles as well as in the church van. Drivers for events will be listed in advance in the youth newsletter and other correspondence. Please list any special transportation restrictions below or provide them in writing to the youth director prior to the trip/event \_\_\_\_\_

\_\_\_\_\_

**Please check your preference for the use of pictures of your youth for church publicity:**

	Picture w/ name ok	Picture w/ no name ok	Do not publish name or picture
Articles in Transylvania Times:			
Articles in Regional Papers (Asheville / Hendersonville)			
Articles in UMC Publications			
FUMC-Brevard Website			
FUMC—Brevard Brochures/ Flyers			

\_\_\_\_\_ has my permission to attend all youth activities sponsored by  
**student's name**  
First United Methodist Church, Brevard, NC (hereinafter the "church") from August 20, 2009  
to August 20, 2010.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park/at the college, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, construction and repair work, etc.... I understand that the church relies on adult volunteers to chaperone and provide transportation to and from events. I agree to provide advance written notice if there are any special travel considerations/restrictions that need to be taken into consideration when transporting my child.

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

This consent gives permission to seek whatever medical attention is deemed necessary in the event of an emergency, and releases the Church, its staff, and volunteers of any and all 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:** \_\_\_\_\_

## **Student Covenant:**

**For your information, we expect each student to conform to these rules of conduct at youth events**

- No possession or use of alcohol, drugs, or tobacco
- No use of profanity
- No inappropriate physical contact (UMYF activities are group functions not times to seclude yourselves with a boy/girl friend)
- No students can drive at a youth event or give rides to other youth to and from events without prior parental consent
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No string bikini bathing suits (tankini's and one pieces only)
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect others 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 have read the rules of conduct. I agree to abide by the stated personal limitations and code of conduct.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_