

Emmanuel Medical/Release/Permission Form

Effective dates: _____ to _____

Please print in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____
 (please provide a copy of your insurance card)

Medical insurance company phone number _____ Name of policy holder _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

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 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 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—
 pollens medications food insect bites
3. 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
 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 experienced during the last year:
7. Should this child's activities be restricted for any reason? Please explain:

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

- No possession or use of alcohol, drugs, or tobacco.
- No non-prescription drugs.
- No students can drive
- No fighting, weapons, fireworks, lighters, explosives.
- No offensive or immodest clothing
- No boys in girls' quarters. No girls in boys' quarters (Purple)
- Respect property
- What the leader says goes. No spectators allowed.
- Youth are expected to participate in all activities.

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

Transport Home Agreement

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by Emmanuel UMC, or are of legal consenting age myself. I/we understand that a member of the Emmanuel UMC staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. Emmanuel UMC will attempt to contact the parent or guardian to arrange such transportation.

Student signature: _____ Parent Signature _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, boating and other water activities. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT
 sponsored by Emmanuel UMC (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 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.

Photography Consent

I, _____ grant permission to Emmanuel UMC for the use of the photograph(s) or electronic media images of my youth, _____ in any presentation of any and all kind whatsoever for church use. Images will be stored in a secure location and only authorized staff will have access to them.

Participation on any and all Emmanuel UMC trip(s) is contingent upon compliance with all the policies stated in this document in part and its entirety.

Parent/guardian signature: _____ Date: _____

NOTARY PUBLIC

Sworn to me this _____ day of _____, 20__ State of Tennessee, County of _____

Signature of Notary: _____

Commission expires _____