

Permission and Medical Release Form

Youth Ministry High Street United Methodist Church

Mandatory Health Form

(Please print)

Name of student _____ Date of birth _____ Age _____

Address _____ City _____

State _____ Zip _____ Phone # (_____) _____ Sex _____

Emergency Contact Person:

Parent/Guardian _____ name

Address _____ (if different from student)

City _____ State _____ Zip _____

Phone # (Home (____) _____) (Work) (____) _____

Alternate Contact Person (Use someone near the primary contact)

Name _____ Phone # (Home) (____) _____ (Work) (____) _____

Address _____ City _____

State _____ Zip _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes ___ No ___

Name _____ of _____ insurance _____ company

Policy # _____ Group # _____

In _____ whose name is the insurance?

Family doctor _____ City _____

Phone # _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him or her proper medical care during his or her time with the youth ministry activity.

Health History

List any pre-existing or present medical conditions: _____

List name and dosage of any medications that must be taken: _____

Any allergies? ___ To medications? ___ hay fever ___ heart condition ___

diabetes ___ insect stings ___ epilepsy/nervous ___ asthma disorders ___

frequent upset stomach ___ physical handicap ___

Any major illnesses during the past year? _____

If any of the above are checked, please give details (for example, include normal treatment of allergic reactions)

Date of last tetanus shot _____ Contact lenses? _____

Any swimming restrictions? yes ___ no ___ What? _____

Any activity restrictions? yes ___ no ___ What? _____

Parental Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an

emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by High Street United Methodist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold [name of church or organization], its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Signature of Student (if over 18 years of age) _____