



# STUDENT MINISTRIES

IGNITING PASSION, CHANGING LIVES

**2019-2020**

*(Please fill in all information, front and back)*

## STUDENT INFORMATION

Student name \_\_\_\_\_  Male  Female  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Student cell \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ Student e-mail \_\_\_\_\_  
School attending \_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_

## FAMILY INFORMATION (Number the Parents in order of preferred contact)

Mother's name \_\_\_\_\_  Stepfather's name \_\_\_\_\_  
cell phone \_\_\_\_\_ cell phone \_\_\_\_\_  
email \_\_\_\_\_ email \_\_\_\_\_  
 Father's name \_\_\_\_\_  Stepmother's name \_\_\_\_\_  
cell phone \_\_\_\_\_ cell phone \_\_\_\_\_  
email \_\_\_\_\_ email \_\_\_\_\_

Additional Emergency contact name \_\_\_\_\_ Emergency contact phone \_\_\_\_\_

## HEALTH HISTORY

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

Medical insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Allergies: Y / N Insect stings \_\_\_\_\_ Drugs \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_

Other conditions: \_\_\_ Asthma \_\_\_ Hay fever \_\_\_ Frequent colds \_\_\_ Epilepsy

\_\_\_ Hearing aids \_\_\_ Glasses/contacts \_\_\_ Frequent Stomach upset \_\_\_ Migraines

\_\_\_ Diabetes \_\_\_ Activity restrictions \_\_\_ Swimming restrictions \_\_\_ Heart condition

\_\_\_ Learning Disabilities/Special Needs \_\_\_ Physical handicap \_\_\_ Other (please explain)

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions): \_\_\_\_\_

**My child may use: Ibuprofen Y / N Tylenol Y / N Benadryl Y / N Pepto Bismol Y / N Immodium Y / N Dramamine Y / N**

*Submit additional information in writing and attach it to this form. Include names of medications and dosages that must be taken.*

Date of last tetanus shot \_\_\_\_\_

# 2019-2020 RELEASE FORM

## MEDICAL TREATMENT

In the event I am unable to provide information during an emergency, I hereby give permission to the medical professional selected by the church leadership to secure proper treatment, including but not limited to: medical evaluation, medical injection, anesthesia, surgery, and hospitalization for my child as deemed necessary.

I accept these terms. Parent initials \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT RESPONSIBILITY

Each student is expected to follow the rules of conduct below:

- |   |   |
|---|---|
| Participation with the group is expected  | No possession or use of alcohol, drugs, or tobacco                        |
| Respect property                          | No students can drive   |
| Respect one another, staff, adult leaders | No fighting, weapons, fireworks, lighters, or explosives                  |
| Respect and comply with event schedules   | No offensive or immodest clothing   |
| No foul or abusive language               | No boys in girl's sleeping quarters & no girls in boy's sleeping quarters |
| No breaking any laws                      |   |

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

I, the student, have read the rules of conduct, and I agree to abide by the stated rules.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT RESPONSIBILITY

It is the parent's responsibility to find out all details of youth programs, trip activities, including all Sunday and Wednesday events and Confirmation. Parents are responsible for knowing all details of any off-campus trips, including trip location, departure and return time. Parents are asked to regularly check youth information bulletin boards in the church, e-mails, church website, or call for specific details.

I accept these terms. Parent initials \_\_\_\_\_ Date \_\_\_\_\_

## MEDIA

By signing below I give explicit permission for **First United Methodist Church** to photograph (by video photography or still photography and with or without soundtrack) the image, voice and first name of my child for use in media products (Church wide including website). I understand that any images will include 1<sup>st</sup> name only on the media.

I accept these terms. Parent initials \_\_\_\_\_ Date \_\_\_\_\_

## LIABILITY

I have read and understand this form. I certify the above named student is my child (or under my legal guardianship) and resides with me. I give my consent for him/her to attend and participate in activities, functions, and trips sponsored by First United Methodist Church. I assume all transportation costs, should it be necessary for my child to return home due to medical or disciplinary actions.

I accept these terms. Parent initials \_\_\_\_\_ Date \_\_\_\_\_

I do hereby release, forever discharge, and agree to hold harmless First United Methodist Church, its staff, youth leaders, chaperones and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any natures whatsoever which may be incurred while participating in any activity or trip. I assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein by my child. I understand by my signature that this form is both a binding medical and liability release.

I accept these terms. Parent signature \_\_\_\_\_ Date \_\_\_\_\_