YOUTH HEALTH INFORMATION

MANDARIN / LONGLEAF METHODIST CHURCH

11270 SAN JOSE BOULEVARD, JACKSONVILLE, FL 32223

(must be completed by parent or legal guardian and signed)

**Youth Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ST: \_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_ Grade in Fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last physical\_\_\_\_\_\_\_\_\_\_\_\_

If parent is not available in an emergency, I give permission to notify:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health History: Do you currently have or have you ever been treated for any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Condition | Explanation |
|  |  | Adult or congenital heart disease |  |
|  |  | Family history of heart disease |  |
|  |  | Alcohol / Drug addiction |  |
|  |  | Asthma | Last attack date: |
|  |  | Add/Adhd |  |
|  |  | Back pain/strain |  |
|  |  | Bed-wetting |  |
|  |  | Diabetes | Last HbA1c percentage & date: |
|  |  | Ear/nose/throat/sinus problems |  |
|  |  | Epilepsy / seizures | Date of last seizure |
|  |  | Frequent headaches / migraines |  |
|  |  | Hearing impairment |  |
|  |  | Hypertension (High blood pressure) |  |
|  |  | Menstrual problems |  |
|  |  | Muscular/skeletal issues |  |
|  |  | Psychiatric/psychological/emotional difficulties |  |
|  |  | Sleep apnea / sleep disorder |  |
|  |  | Vision impairments |  |
|  |  | List any other medical conditions not covered above |  |
|  |  | List all surgeries / hospitalizations in last 5 years | Last surgery date: |

Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Allergies or Reaction | Explanation |
|  |  | Medication |  |
|  |  | Food |  |
|  |  | Plants |  |
|  |  | Insect bites / stings |  |

List all medications currently used, including any over-the-counter medications. Attach an additional sheet if needed. All medications must be enclosed in pharmacy labeled container in a re-sealable bag.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Dose | Frequency | When taken | Reason for Medication |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I give permission for the administration of the following over-the-counter medications:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of over-the-counter medicine | Yes | No | Type of over-the-counter medicine | Yes | No |
| Tylenol: Mild fever or discomforts |  |  | Benadryl: Allergy symptoms |  |  |
| Ibuprofen: Mild fever or discomforts |  |  | Sudafed: Allergy symptoms |  |  |
| Throat Lozenges: Coughs/sore throat |  |  | Antacid: Upset stomach |  |  |
| Anti-diarrheal: For diarrhea |  |  | Midol: for cramps |  |  |
| Topical creams/insect repellents: Itching, sunburn, or insect bites  |  |  | Dramamine: Motion sickness |  |  |

Permission to follow recommendations by local Poison Control Centers: Yes No

Immunizations: Is youth current on all immunizations needed for school? Yes No

(if not current on immunizations, include full list of immunizations received and dates)

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

List of any dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

My child has permission to take part in all youth activities under supervision unless limitations are noted above. I agree that MUMC or MUMC personnel will not be held responsible for accidents arising. I hereby give my permission to MUMC to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to MUMC to give the above listed medication or generic equivalent to my child, in accordance with the recommended package dosing for the specific indications mentioned above. It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I agree to the release of any records necessary for the treatment, referral, billing, or insurance purposes. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physical or health-care provider involved in providing medical care to that participant. I give permission to MUMC to arrange necessary related transportation for my child. This consent shall remain effective for one year from the date listed below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Legal Guardian Signature Date

Mandarin United Methodist Church & Longleaf Church

PARENTAL CONSENT

Name of child/youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PARENTAL CONSENT:**

As the parent (or legal guardian) of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child/Youth’s Name

I understand that my child/youth will be participating in a number of activities for the calendar year, which carry with them a certain degree of risk. These activities can include swimming, boating, hiking, camping, field trips, sports and other activities which the youth program my offer.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent for my child to participate in these activities.

Please indicate any restrictions on your child’s/youth/s activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I represent that my child/youth is physically fit and has the necessary skills to safely participate

in these activities. I have / have not noted above that my child/youth has restrictions on the following particular activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers. I understand that youth will not be able to drive themselves or other youth to and from planned events. \_\_\_\_\_\_(initial)

**LIABILITY RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print Parent/Guardian name), being 21 years of age or

older, on behalf of my child participant, (print child’s name), do hereby release, Mandarin United Methodist Church and the directors from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature which may occur by participating in these planned trips &/or activities. Furthermore, I (and for or on behalf of my child participant, if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these recreation activities. I (we) give permission, should the event warrant, to the trip and travel organizers to furnish transportation, food and lodging for this participant. The undersigned party hereby agrees to hold harmless and indemnify said organization(s), its directors, employees and agents, for any liability sustained as the result of negligent, willful or intentional acts of the participant.

I, (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in these & other events planned and communicated by this ministry team

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Participant Agreement**:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant name printed) understand the guidelines/rules of conduct and expected behavior and will fully abide by them, as well as all additional instructions of the leadership of any trips or activities, and activity directors.

Youth Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTO PERMISSION WAIVER

 Mandarin United Methodist Church & Longleaf Church

11270 San Jose Blvd, Jacksonville, FL 32223

FOR CHILDREN & YOUTH

( ) I give permission for still or video pictures of my child to be used for promotional purposes.

( ) I do not give permission for still or video pictures of my child to be used for promotional purposes.

Signature of PARENT OR LEGAL GUARDIAN OF CHILD/YOUTH

(if under 18 years of age)

FOR ADULTS

( ) I give permission for still or video pictures of myself to be used for promotional purposes.

( ) I do not give permission for still or video pictures of myself to be used for promotional purposes.

Signature of Adult

(18 years & older)

**Consent Form for Electronic Communications with Children/Youth**

Mandarin United Methodist Church & Longleaf Church

11270 San Jose Blvd, Jacksonville, FL 32223

My child/youth (“Participant”), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to

receive communications from Mandarin / Longleaf Youth Ministry team and Children Ministry team.

This would include Youth & Children Ministry Directors, Assistant Directors, and Interns (This could

include other designated leaders of a specific children’s/youth activities or program].

I understand that such electronic communications may be made via telephone, cell phone, text

messaging, e-mail, the Church’s social media accounts, or other electronic means. \_\_\_\_\_\_ (parent initial)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent’s Name) give permission for my

student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Youth or Child’s name) to receive

electronic communication from the following: Youth Ministry team / Children’s Ministry team / Both teams (circle) to

my participant with regards to all group activities in which my youth/child participate.

Participant’s e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do / do not [circle] insist that I be copied on all emails.

I do / do not [circle] insist that I be copied on all texts or messaging.

I do / do not [circle] insist that those permitted to communicate with my child become my friend on Facebook or other social media outlets (TikTok, Instagram, snapchat) before communicating with my child.

I further understand that Children and Youth Ministries will use the Internet as an aid in teaching lessons during Sunday School, Youth Group, Youth Small Groups and Jr. Youth. All computers accessible to Children and Youth will be monitored by an adult.

I understand it is my responsibility to update this information should it change, including contact number and email.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street, City, State, Zip Code)

Best way to contact this participant’s Parent or Guardian: Email / cell phone / home phone

Parent/Guardian contact no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_