

**OVER PERSONAL HEALTH AND MEDICAL RECORD AND
TRANSPORTATION PERMISSION SLIP**

Height _____ Weight _____ Eye Color _____ Hair Color _____

To be filled out by parent, guardian, or adult participant. Please print in ink.

SECTION 1-HEALTH & MEDICAL IDENTIFICATION

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes No Explain _____

GENERAL INFORMATION: Check all that apply and explain if you check any items.

ADHD (Attention-Deficit Hyperactivity Disorder) Convulsions/seizures Hemophilia

Diabetes High blood pressure Cancer/leukemia Heart trouble Kidney Disease

Explain: _____

Please list all medications taken in the 30 days **prior** to arrival at the activity where this form is to be used: _____

List any medications to be taken, including drug, dosage, route (oral, injection, etc.), and frequency:

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: _____

SECTION 2-TRANSPORTATION TRANSPORTATION

My child, _____, has my permission to attend 2016 events held on or off-site with and/or led by or in conjunction with the Hays First United Methodist Church. I understand that transportation to the event will, if necessary, be provided by:

Church Van Private Vehicle Other _____

OVER SECTION 3-CONSENT

I give permission for full participation in Hays First United Methodist Church programs, subject to limitations noted herein. **In case of emergency or accident**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult.)

Date _____ Signature of parent/guardian or adult _____

Date _____ Signature of parent/guardian or adult _____

WAIVER - PLEASE READ

Myself and the participant(s) authorize Hays First United Methodist Church (FUMC) to use at its discretion any photograph(s) taken of the participant(s) while participating in any activity and waive any and all claims that the participant(s) or myself or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

I have read the above statement, understand and agree to the conditions set forth. I agree to abide by all policies and guidelines set forth by FUMC regarding this program.

Agree

Disagree

Signature of Parent/Guardian(s)

Date