

# Church of the Master Children's Medical/General Permission Form

Effective dates: June 1, 2023 – May 31, 2024

Complete one form per child; please print in ink.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

School for 2023-24: \_\_\_\_\_ Grade for 2023-24 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Parent/Guardian #2: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (contacted if Guardians 1&2 are unavailable) : \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ ID/Group Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Birthdate: \_\_\_\_\_

Subscriber Relationship to Child: \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature/severity of any physical or psychological ailment, illness, 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. 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 child:

1. Does your child have allergies to:

pollens       medications       food       insect bites       other (list below)

Please List: \_\_\_\_\_

\_\_\_\_\_

2. Does your child need or carry an Epi-pen?    Yes    No

3. Has your child ever experienced, or are they currently receiving treatment for any of the following:

asthma       epilepsy / seizure disorder       heart trouble       diabetes

frequently upset stomach       physical handicap       emotional/behavioral diagnosis

Additional explanation if needed:

4. Is your child current with all school-required immunizations?    Yes    No    If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

5. Does your child wear  glasses  contact lenses

6. Should this child's activities be restricted for any reason? Please explain:

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Activities in our program may include, but are not limited to: cooking, basketball, roller/ice skating, playground games, soccer, volleyball, softball/baseball, campfires, creaking, hiking, biking, concerts, mini golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church prior to that event.*

\_\_\_\_\_ has my permission to attend all children's activities sponsored

Name of Child

by **Church of the Master United Methodist** (hereinafter the "Church") from **June 1, 2023 – May 31, 2024**.

*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 child 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 child 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.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Permissions for Ministries**

Please **initial** the following items you agree to and then sign and date the bottom of the form.

#### **Photo/Video Release:**

\_\_\_\_\_ I/we grant permission to Church of the Master United Methodist to photograph my child(ren) during activities and use the photographs in audio-visual and printed materials without compensation or approval rights. Photos may be used on the church website or church Facebook/Instagram page. According to church policy, church employees will not publish a child's name along with any photos without express permission of parent or guardian.

\_\_\_\_\_ I/we grant permission to Church of the Master United Methodist to post a video of my child(ren) during activities and use the video in audio-visual and printed materials without compensation or approval rights. Videos may be posted on YouTube and linked to the church website or church Facebook/Instagram page. According to church policy, church employees will not publish a child's name along with any videos without express permission of parent or guardian. All videos posted will be approved by the Director of Children's Ministries.

#### **Blanket Field Trip Permission:**

\_\_\_\_\_ I/we give permission for our child(ren) to participate in field trips. These groups will be accompanied by Church of the Master volunteers or the Director of Children's Ministries and at least one other adult on each trip.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_