

# Church of the Master Youth Medical & General Permission Form

Effective dates: June 1, 2020 to May 31, 2020

**Please print in ink**

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

LAST

FIRST

MIDDLE

Year in school: \_\_\_\_\_ Male Female Other Email: \_\_\_\_\_

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

Parent/Guardian #1 Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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

Subscriber Name: \_\_\_\_\_ Subscriber's Birthdate \_\_\_\_\_

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

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your youth is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Circle the following areas of concern for this youth.** If necessary, add another page with details:

1. For your youth's safety and our knowledge, is your youth a—

good swimmer

fair swimmer

non-swimmer

2. Does your youth have allergies to—

pollen

medications

food

insect bites

other (list below)

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

3. Does your youth suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma                      epilepsy / seizure disorder                      heart trouble                      diabetes  
frequently upset stomach      physical handicap                      emotional/behavioral disorder

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

5. Does your youth wear      glasses                      contact lenses

6. Please list and explain any major illnesses the youth experienced during the last year: \_\_\_\_\_

\_\_\_\_\_

7. Should this youth's activities be restricted for any reason? Please explain: \_\_\_\_\_

\_\_\_\_\_

**Blanket Activity and Field Trip Permission:** *Please initial on the line if agreeing to this permission.*

Youth activities may include, but are not limited to: cookouts, cooking, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your youth's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

\_\_\_\_\_ I/we give permission for our youth to participate in field trips. These groups will be accompanied by Church of the Master Age Level Staff members and/ or volunteers who have completed Safe Sanctuary training prior to the event.

\_\_\_\_\_ I/we give permission for my youth to attend all children's activities sponsored by Church of the Master United Methodist.

\_\_\_\_\_ I/we give permission for my youth to be transported by Church of the Master Age Level Staff members and/ or volunteers who have completed Safe Sanctuary training prior to the event.

*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 youth.*

I/We the undersigned have legal custody of the youth 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 youth'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 youth named above. I/we also agree to bring my/our youth home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

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

**For your information, we expect each youth to conform to these rules of conduct:**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive during a youth event
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

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

I, the youth, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_