

**St. Stephen's United Methodist Church**  
**Child and Youth Emergency Information and Medical Release Form**  
**Effective June 1, 2018 through May 31, 2019**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Male  Female 2017-2018 Grade \_\_\_\_\_ School \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Soc. Security # \_\_\_\_/\_\_\_\_/\_\_\_\_  
T-Shirt size:  XSm  Sm  Med  Lg  XL  2XL  3XL  4XL  child shirt  adult shirt  
Parent/Guardian's First/Last name \_\_\_\_\_ Email \_\_\_\_\_  
Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Parent/Guardian's First/Last name \_\_\_\_\_ Email \_\_\_\_\_  
Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact's First/Last name \_\_\_\_\_ Email \_\_\_\_\_  
Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Policy Holder ID# \_\_\_\_\_ Phone Number \_\_\_\_\_  
Physician \_\_\_\_\_ Office phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

**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 child 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.

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

1. For your child's safety and our knowledge, is your child a  good swimmer  fair swimmer  non-swimmer  
2. Does your child have allergies to  pollens  medications  food  insect bites  other \_\_\_\_\_

If yes, please describe reaction and treatment \_\_\_\_\_

3. Does your child 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

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

5. Does your child wear  glasses  contact lenses?

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

Additional comments: \_\_\_\_\_

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

7. Please list any ongoing medication your child is taking \_\_\_\_\_

8. Topical and/or first aid items (such as sunscreen) may be used unless there is a specific objection by the parent/guardian. Please list any topical or first aid items that are NOT to be used \_\_\_\_\_

9. Do you give permission for your child to take Tylenol or other over-the-counter medications if needed?  yes  no

10. Please list any over-the-counter medications your child may NOT take: \_\_\_\_\_

## St. Stephen's United Methodist Church Safe Sanctuaries Emergency Information and Medical Release Form

### Transportation

I understand the transportation to and from events will be by church van. In case of emergency or overflow, I understand that transportation to and from events will be by private car with approved adults driving. I agree that the church will not be held responsible in case of accident. I agree that the driver will not be held responsible in case of accident.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Rules of Conduct for students in grades 1-12

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

- No possession or use of alcohol, drugs, or tobacco
- No students may drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

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

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in St. Stephen's UMC activities. I agree to abide by the stated personal limitations and rules of conduct.

Student signature: \_\_\_\_\_

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

### Permission to Participate

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the gym or on the field, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, play on the playground, Christmas caroling, various field trips, mission projects. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the appropriate church staff person prior to that event.*

My/our child, \_\_\_\_\_, has my/our permission to participate in activities, both on-site and off-site, sponsored by St. Stephen's United Methodist Church (hereinafter the "Church") between June 1, 2018 and May 31, 2019.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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 student 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 student 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 appropriate staff member.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Photograph/Videotape Release:

I give my permission for St. Stephen's United Methodist Church to use photographs or video footage of my child on our website, in church publications, and in outside media sources.    yes    no

### Authorization for the use, receipt, and/or disclosure of protected health information:

I hereby authorize the adults in charge from St. Stephen's United Methodist Church to use, receive and/or disclose my child's protected health information (PHI) to/from the follow organization, agency or individual (initial all that apply):

\_\_\_\_\_ Hospital or other health facility      \_\_\_\_\_ Physician or other medical specialist      \_\_\_\_\_ Insurance Company  
\_\_\_\_\_ Parent, Guardian, or Emergency Contact Persons if parent or guardian is unavailable

This authorization shall be in force from June 1, 2017 through May 31, 2018 unless otherwise specified.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_