

GENERAL MEDICAL RELEASE

BASIC INFORMATION

Minor Participant Info

Name: _____ Birthday: ____/____/____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____)-____-____ Household Email: _____

Student Email: _____ Student Cell: (____)-____-____

School Name: _____ Grade: _____

Emergency Contact (Parent/Guardian) Info

1. Name: _____ Legal Relationship: Father Mother Legal Guardian

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home (____)-____-____ Cell (____)-____-____ Work (____)-____-____

2. (if necessary) Name: _____ Legal Relationship: Father Mother Legal Guardian

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home (____)-____-____ Cell (____)-____-____ Work (____)-____-____

Student lives with: Both parents Mother only Father only Shared custody Other: _____

Do Parents/Guardians have facebook/twitter/Instagram? _____

ALTERNATIVE EMERGENCY CONTACT (NON-PARENT/GUARDIAN)

Name: _____ Relationship: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home (____)-____-____ Cell (____)-____-____ Work (____)-____-____

Does the Alternative Emergency Contact have facebook/twitter/Instagram? _____

HEALTH INSURANCE INFORMATION

Medical insurance carrier: _____

Policy # _____ Group # _____

Carrier address: _____

Name of insured person: _____

Date of birth of insured person: _____

Insured person's place of employment: _____

Name of family physician: _____ Phone (____)-____-_____

Name of dentist/orthodontist: _____ Phone (____)-____-_____

HEALTH HISTORY (CHECK, GIVE APPROX. DATES)

Conditions:

- Frequent Ear Infections
- Diabetes
- Bleeding Disorder
- Heart Defect/Disease
- Asthma

- Seizures
- ADD/ADHD
- Down syndrome
- Tourette's syndrome
- Autism spectrum diagnosis
- Chicken Pox

- Measles
- Bi-Polar Disorder
- Schizophrenia
- Diagnosed Depression
- Panic attacks

Allergies?

- Hay fever
- Penicillin
- Ivy Poisoning, etc.
- Insect Stings
- Latex

Food (Specify)

Drugs (Specify)

Chronic/recurring illness/medical conditions including mental illness: _____

Dietary restrictions (ex: gluten-free) _____

Current medications: (List both prescription, OTC, & herbal)

Medication name: _____ Dosage: _____ Purpose: _____

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Any other information you feel the leaders should know in advance: _____

Blood type: _____ Are all immunizations current? Yes No

Parent(s)/guardian signature: _____ Date: _____

Parent(s)/guardian signature: _____ Date: _____

WAIVER, RELEASE, AND ASSUMPTION OF THE RISK

I (We) acknowledge that my child’s participation in Middletown United Methodist Church activities is voluntary and may require travelling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions and meetings, and other activities in the *Permission Slip and Acknowledgement of Expectations*. I (We) acknowledge that my child’s participation in any Middletown United Methodist Church activity presents risks that I or my child may suffer including, but not limited to, damage to personal property, financial damage, emotional injury, illness, bodily injury, or death. I (We) hereby assume those risks. And, in consideration of my child’s being allowed to participate in the Middletown United Methodist Church youth program activities, I (we) agree and take the following actions for me and my child:

I (We) waive, release, and discharge Middletown United Methodist Church, its pastors, directors, officers, members, employees, volunteers, representatives, subcontractors, and agents from any and all claims for: (A) Financial losses, including (but not limited to) insurance deductibles and medical expenses, that we as parents or guardians may pay as a result of injury or illness arising out of activities sponsored by Middletown United Methodist Church; (B) Damage, destruction, loss or theft of personal belongings of the minor participant or parents of the same; and (C) Any claims of liabilities that I (we) may assert as parents for loss of consortium, death or personal injury, which arise out of or relate to my child’s participation in Middletown United Methodist Church’s youth activities; and, to the extent allowable by law, all similar or identical claims that my child may assert. Notwithstanding any of the foregoing, Middletown United Methodist Church is not released from any claims or liabilities that are caused solely by Middletown United Methodist Church.

I (We) agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein.

I (We) indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child’s actions.

I (We) agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities asses against them as a result of any inaccuracy on the *Basic Information* form, the *Health Insurance Information* form, the *Heath History* form, or the insufficiency of my legal capacity or authority to act for and on the behalf of the minor in execution of the *Waiver, Release, and Assumption of Risk* form, the *Medical Treatment Authorization* form, or the *Permission Slip and Acknowledgement of Expectations* form.

I hereby execute this document for and on behalf of the minor named herein.

Parent(s)/Guardian signature _____ Date _____

Parent(s)/Guardian signature _____ Date _____

Minor’s signature _____ Date _____

PERMISSION SLIP AND ACKNOWLEDGEMENT OF EXPECTATIONS

My child has permission to attend all church sponsored youth activities as listed in calendars and/or Middletown United Methodist News and/or official Middletown United Methodist social media accounts, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, games in the park, soccer, paintball, field hockey, lacrosse, ice-skating, volleyball, softball, baseball, kickball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature-golfing, hayrides, go-karting, laser-tag, bowling.

I acknowledge these basic rules of conduct expected from each participant, parent, and volunteer:

- Respect one another, staff, and volunteers
- Respect property
- No lighters permitted without permission from the youth minister for use in worship
- No fighting, weapons, fireworks, explosives, or gang-related items
- No students permitted to drive for events
- Participation with the group expected
- No offensive or immodest clothing
- No alcohol, drugs, tobacco
- No boys in girl's sleeping quarters and visa versa
- Respect and comply with event schedules
- Respect and comply with Youth Group Contract

I and my child acknowledge that misconduct may result in transportation home from an activity at the parent's expense. A student dismissed for a disciplinary reason will not receive a refund of ANY activity fee. My child and I agree to follow the instruction of the pastor, leader, or volunteer who has been delegated leadership authority.

I understand and authorize that my child may be taken for emergency medical care by emergency medical technicians (i.e. ambulance), youth ministers, or other adult staff or volunteers authorized by Middletown United Methodist Church if such action would be considered necessary by the youth minister or volunteer in charge at any Middletown United Methodist Church youth activity.

I understand and authorize that my child's image may be photographed or filmed and used in Middletown United Methodist presentations, printed publications, Web site, social media publications, and photo directories.

Parent(s)/Guardian signature _____ Date _____

Parent(s)/Guardian signature _____ Date _____

Minor's signature _____ Date _____