

**St. John's United Methodist Church Texas City – Children's & Youth Ministries**

1432 16<sup>th</sup> Ave N, Texas City, Texas 77590 409-948-2466

**September 2010-August 2011 Activities Medical Permission and Release Form**

**Personal Information**

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

First Name Middle Name Last Name

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ F M Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Youth email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_

Alternate Phone #: (\_\_\_\_\_) \_\_\_\_\_ Father Email: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_

Alternate Phone #: (\_\_\_\_\_) \_\_\_\_\_ Mother Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to child/youth: \_\_\_\_\_

Emergency Contact's Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Emergency Medical Information**

Name of Insurance Company: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Coverage in the name of: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Pre-existing/Present medical conditions: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Hospital Insurance: Yes No Policy Number: \_\_\_\_\_

**Allergies**

Foods: \_\_\_\_\_

Medications: \_\_\_\_\_

Insects/Bites: \_\_\_\_\_

**Current Daily Medication Requirements**

Medicine Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_ Medicine Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medicine Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_ Medicine Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Other Important Medical Information:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*Additional Information & Parent Signature required on back of page.\*\*\*\*\*

**Parents, please initial each statement and sign where indicated below:**

\_\_\_\_\_ A copy of the health insurance card is attached to this form.

\_\_\_\_\_ I/we understand that in the event that medical attention is needed every attempt will be made to contact those persons listed on this form. In the event that I/we cannot be reached I/we hereby give my/our permission to the physician or dentist selected by the leader to secure medical treatment for my/our child.

\_\_\_\_\_ I/we give permission for my/our child to ride in a car driven by someone designated by the adult sponsors or Pastor. I/we understand that there will be sufficient seat belts in every car and that no car will be driven by anyone under the age of 21.

\_\_\_\_\_ I/we give my/our permission to use my/our child's photograph or electronic image in the manner described below.

St. John's UMC uses a variety of resources to publicize and celebrate church events and news. Photographs or other electronic images can be used on the St. John's UMC website, in newspapers, marketing brochures, publications, newsletters, or for St. John's UMC promotional videos formally prepared for use both inside and outside the church.

**Permission & Waiver of Responsibility**

I/we, \_\_\_\_\_,  
legal parent(s) or guardian(s) of \_\_\_\_\_ agree to the statements initialed above and give my permission to him/her to go on all camps, trips and retreats, and to participate in all activities. I hereby release the church, its staff and volunteer counselors of any liability in the event of accident or injury.

Signed \_\_\_\_\_ Date \_\_\_\_\_