

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

8200 25th Avenue North, Texas City, TX 77591

(409) 655-5348 · Fax (409) 655-5810

September 2013-August 2014 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: _____ Currently School: _____

Youth email: _____

Father/Guardian Name: _____ Work Phone #: (_____) _____

Alternate Phone #: (_____) _____ Father Email: _____

Mother/Guardian Name: _____ Work Phone #: (_____) _____

Alternate Phone #: (_____) _____ Mother Email: _____

Emergency Contact Name: _____ Name Relationship to youth: _____

Emergency Contact's Phone #: (_____) _____

Required 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: _____

Turn Over: Additional Information & Parent Signature Required on back of page.

Parents: Initial each statement and sign where indicated below:

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

_____ I give permission for my child to ride in a car driven by someone designated by the adult sponsors or Pastor. I 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 and my youth have read and understand the expectations of all participants of youth activities with St. John's United Methodist Church of Texas City.

Waiver of Responsibility

I, _____, legal parent or guardian of _____ 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 _____

Media Release

St. John's UMC uses a variety of resources to publicize and celebrate church events and news. Should you object to a photograph or other electronic image of your child on the St. John's UMC website, newspaper, marketing brochures, publications, newsletters, or St. John's UMC promotional videos formally prepared for use both inside and outside the church, please check the box below. I object to the use of a photograph or other electronic image of my child as described in the paragraph above.

Signature(s) of Parent/Guardian: _____ **Date:** _____