

South Shore Child/Youth Ministry Medical Release and Consent Form

STUDENT INFORMATION

Name: _____ Age: _____ Grade: _____ Gender: _____
Last First Middle Nickname

School Attending: _____ Birth Date: _____

Home Phone: _____ Student Cell Phone: _____

Home Address: _____ Student Email: _____

Parent/Guardian #1: _____ Relationship: _____

Phone #'s: Home: _____ Cell: _____

Parent/Guardian email: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2: _____ Relationship: _____

Phone #'s: Home: _____ Cell: _____

Parent/Guardian email: _____

Employer: _____ Work Phone: _____

In an emergency, if Parent/Guardian #1 or #2 not available, please notify:

Alternate Emergency Contact Name: _____ Relationship: _____

Phone #'s: Home: _____ Cell: _____

HEALTH AND MEDICAL INFORMATION & HEALTH HISTORY

Please describe your child's medical history including past operations, serious injuries, and/or current conditions under treatment:

GLASSES? Y / N CONTACTS? Y / N

Please List all Allergies:

Does your child have any dietary modifications? Y / N (please attach specific information)

May your child self-administer medication? Y / N I would like an adult representative to administer my child's medication? Y / N

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Current Medications: (Please attach medication Schedule)

May adults in charge administer:

| | | | |
|----------|-------|----------------------|-------|
| Aspirin? | Y / N | Advil (Ibuprofen)? | Y / N |
| Tylenol? | Y / N | Benadryl (allergy)? | Y / N |
| Midol? | Y / N | Antibiotic Ointment? | Y / N |

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Student's Orthodontist: _____ Phone: _____

Medical/Health Insurance Company: _____

Policy/Group Number: _____ Phone: _____

PARENTAL/GUARDIAN CONSENT

I understand that my child/youth will be participating in a number of activities for the calendar year _____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer.

I consent for my child to participate in these activities.

Please indicate any restrictions on your child/youth's activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities: _____

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by adult volunteer drivers.

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

In the event that my child becomes ill, is injured or for any reason requires medical treatment while attending a South Shore UMC function or activity, I do hereby consent to any and all medical and/or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physician(s) selected by agents or officials of South Shore UMC. In the event medical treatment is necessary, I hereby authorize any adult staff member of South Shore UMC or any other responsible adult accompanying the Church Ministry to give such consent for treatment and further agree to hold any person harmless from any liability, claims, demands, or suits of any nature arising from the giving of consent as long as the treatment is administered by or under the supervision of a licensed physician. The intention of this release is to grant authority to administer and perform any and all examinations, treatment, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary by a qualified physician. I agree that payment for all charges incurred for medical examination and treatment is guaranteed by the parent/guardian or insurance company providing coverage for the above named student.

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My signature on this form constitutes my consent for my child to participate in these activities.

_____ By initialing this line, I **DECLINE** consent for use of *photographs/videos taken of my student* to be used on the church website or any other promotional literature.

_____ By initialing this line, I **DECLINE** consent for my child/youth *to travel to and from events in transportation provided by staff and/or adult volunteer drivers.*

_____ By initialing this line, I **DECLINE** consent for my child/youth *to communicate directly with staff and/or a screened adult volunteer via text messaging, email, and/or social media.*

Parent/Guardian Signature: _____ **DATE:** _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced _____ as identification, and who did not take an oath.

STAMP

Signature of Notary

Printed Name of Notary