

YOUTH ANNUAL MEDICAL RELEASE AND PERMISSION FORM

You may complete this form online, print it out, sign it and return it to Children & Youth Ministries. This form **MUST** be renewed on, or before June 1st annually. If you need extra space for your answers, please use another sheet of paper and attach to this.

NAME		AGE	DATE OF BIRTH	GENDER	GRADE NEXT YR
ADDRESS		CITY		ZIP	HOME PHONE
CELL PHONE	EMAIL ADDRESS		SCHOOL ATTENDING NEXT YEAR		
MOTHER	←PARENT OR GUARDIAN→		FATHER		
	←NAME→				
	←HOME PHONE→				
	←WORK PHONE→				
	←CELL PHONE→				
	←EMAIL ADDRESS→				
EMERGENCY CONTACT #1	IF PARENTS ARE UNAVAILABLE		EMERGENCY CONTACT #2		
	←NAME→				
	←RELATIONSHIP→				
	←HOME PHONE→				
	←WORK PHONE→				
	←CELL PHONE→				
MEDICAL INSURANCE CARRIER	FAMILY MEDICAL DOCTOR		FAMILY DENTIST		
POLICY #	MEDICAL OFFICE PHONE #		DENTAL OFFICE PHONE #		

MEDICAL HISTORY

Student is permitted to take • Tylenol • Aspirin • Advil for headache: ____ YES ____ NO

Student allergic to _____

Is student subject to motion sickness? ____ If yes, is student permitted to take Dramamine or other (please list) motion sickness medication? _____

Any other health concerns that the staff needs to be aware of? _____

Drugs and dosage currently taken _____

Date of last tetanus shot: _____

Please list and explain any major illnesses the child experienced during the last year:

Should this child's activities be restricted for any reason? Please explain (See note on other side):

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth director prior to that event.

PARENTAL CONSENT #1

(Insert Name of Student) _____ has my permission to attend all youth activities sponsored by Broadway United Methodist Church (hereinafter the "Church") from June *(Insert Year)* _____ through May *(Insert Year)* _____. 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 Children and Youth Ministries staff member.

Parent/Guardian Signature: _____ Date: _____

PARENTAL CONSENT #2

Occasionally, Broadway UMC uses photographs of youth in print publicity such as newspapers, newsletters, brochures, etc. and on the church website. No last names will be used on the internet. Please check one of the options below and sign underneath:

___ I give permission for Broadway UMC to use my child's picture and name in public materials.

___ Please do not use my child's first name on the internet, but pictures are ok.

___ Please do not include my child's picture in any publicity.

Parent/Guardian Signature: _____ Date: _____