



Monticello United Methodist Church

Student Ministries

Medical Release 2013-14

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____
 Address: _____ Home Phone: _____
 City, State, Zip: _____ Cell Phone: _____

PARENT INFORMATION

Parent 1 Name: _____ Parent 1 Home Phone: _____
 Parent 1 Cell Phone: _____ Parent 1 Email: _____
 Parent 2 Name: _____ Parent 2 Home Phone: _____
 Parent 2 Cell Phone: _____ Parent 2 Email: _____

It is the parent's responsibility to provide the church office with updates if this information changes.

INSURANCE INFORMATION

Is participant covered by a medical insurance policy? Yes No Family Doctor: _____
 Name of Policy Holder: _____ Relationship to Participant: _____
 Insurance company: _____ Policy number/Group number: _____

If you are insured, please provide a copy of the front and back of your insurance card.

ALLERGIES AND MEDICAL CONDITIONS

List any food allergies:

List any medication allergies:

List any current medical conditions:

List all regularly used prescription and non-prescription medications:

PERMISSION TO DISPENSE NON-PRESCRIPTION MEDICATIONS

There are often times when over-the-counter medications are requested by students or are necessary to relieve minor discomfort. Please indicate below which medications you authorize to be dispensed by a staff member or a designated adult sponsor. Please note that medications will **not** be distributed without parent/guardian permission, even if it means your student remains uncomfortable.

<u>YES</u> <u>NO</u>	Acetaminophen for pain relief (e.g. Tylenol)
<u>YES</u> <u>NO</u>	Ibuprofen for pain relief (e.g. Advil, Aleve)
<u>YES</u> <u>NO</u>	Digestive pain relief (e.g. Pepto-Bismol, Antacid, Imodium, Tums, anti-diarrhea)
<u>YES</u> <u>NO</u>	Cold, allergy, and sinus relief (e.g. Claritin, Benadryl)
<u>YES</u> <u>NO</u>	Motion sickness relief (e.g. Dramamine)

PARENT COVENANT

Permission and Medical Release: I, the parent or guardian, grant my permission for him/her to participate fully in all student ministry activities, events, and trips sponsored by Monticello United Methodist Church. In the event treatment is called for in which a physician (or hospital personnel) is needed, I authorize adult leaders, volunteer or paid, to give such consent for all necessary medical treatment if we cannot be reached or in the event of an emergency. Should medical help be needed, I agree to pay either directly and/or through my own health insurance policy all medical or hospital costs and to be solely responsible for said treatment and the cost thereof.

Waiver of Liability: I, the parent or guardian, in consideration of my student being allowed to participate all student ministry activities, events, and trips, being the undersigned, intending to be legally bound, hereby waive and release all rights and claims for damages, for injury, accident, or liability of any kind which I might have against Monticello United Methodist Church, church staff, volunteer leaders, and other participants. I acknowledge that my student will participate at his/her own risk.

Photo Disclaimer: I, the parent or guardian, understand my student will be involved in public events and give permission for my student's photo or video to be placed on the website, in newspapers, publications, or in other promotional materials.

Supervisory Responsibility (for teens only): I, the parent or guardian, understand that staff and volunteer leaders of Monticello United Methodist Church are responsible for my student only while they voluntarily remain with the group. If my student were to leave the group without permission, I understand Monticello United Methodist Church, church staff, or volunteer leaders are not responsible. I have discussed this with my student, and my student is aware of our expectations for behavior while on the trip.

Early dismissal I understand my student may be sent home early at my expense with no refund if they do not follow staff/volunteer directions.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

NOTARY PUBLIC USE ONLY:

On this _____ day of _____, the above signed personally appeared before me.

Notary Signature: _____