



Effective dates: August 1, 2011, through July 31, 2012

Please print in black or blue ink.

Student's Information:

Form fields for Student's Information: Last Name, First Name, Middle Name, Date of Birth, Current Age, Address, City, State, Zip, Male, Female, Year in School, Home Phone, Cell Phone, E-mail Address, Social Security Number.

Parents' Information:

Form fields for Parents' Information: Mother's Full Name, Home Phone, Cell Phone, Work Phone, Mother's Address, City, State, Zip, Father's Full Name, Home Phone, Cell Phone, Work Phone, Father's Address, City, State, Zip.

Insurance / Medical / Emergency Contact Information:

Form fields for Insurance / Medical / Emergency Contact Information: Name of Medical Insurance Company, Policy #, Group #, Phone Number for Admission, Name of Emergency Contact Person, Home Phone, Cell Phone, Work Phone, Name of Physician, Physician's Office Phone, Name of Dentist, Dentist's Office Phone.

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof.

Check the following areas of concern for this student. If necessary, add another page with details:

- 1. For your child's safety and our knowledge, is your student a — [] good swimmer [] fair swimmer [] non-swimmer
2. Does your child have allergies to — [] pollens [] medications [] food [] insect bites
3. Does your child suffer from, or has he/she ever experienced, or is he/she being treated currently for any of the following: [] asthma [] epilepsy / seizure disorder [] heart trouble [] diabetes [] frequently upset stomach [] physical handicap
4. Date of last tetanus shot:
5. Does your child wear [] glasses [] contact lenses
6. May an adult give your child over the counter medications, if necessary (i.e., Tylenol, Ibuprofen, antacid, etc.)? [] yes [] no
7. Please list and explain any major illnesses the child experienced during the last year:
Additional comments:
Should this child's activities be restricted for any reason? Please explain:



Medical Release & Permission Form

Mount Pleasant United Methodist Church
4099 County Road 59 • Butler, Indiana 46721

For your information, we expect each student to conform to these rules of conduct:

(Student must sign his/her initials in the space provided to the left of each rule to indicate his/her acknowledgement and clear understanding.)

- _____ No possession or use of alcohol, drugs, or tobacco
- _____ No fighting, weapons, fireworks, lighters, or explosives
- _____ No offensive or immodest clothing
- _____ No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- _____ Participation with the group is expected
- _____ Respect property
- _____ Respect one another, staff, and adult leaders
- _____ Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, broom ball, 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 leader prior to that event.

_____ has my permission to attend all youth activities sponsored by Mount Pleasant United Methodist Church and/or Mount Pleasant United Methodist Church's youth group (hereinafter, "Church") from August 1, 2011, to July 31, 2012.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff/appointed representatives 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, youth leaders, 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. This consent includes my/our permission for the student named above to be transported by the provided transportation and legal driver (25 years old and older) as part of his/her participation in the events. In the event that the named child 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 student ministries staff member.

Note: In the event that this permission/release must be revoked prior to July 31, 2012, I/we understand that I/we must submit written notification of such revocation to the Church pastor or youth leader.

Parent/guardian signature: _____ Date: _____