Medical Release & Permission Form

Effective dates: August 1, 2009 to **August 1, 2010**
Please print in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Grade _____ ❑ Male ❑ Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Please 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. Include names of medications and dosages that must be taken on the back of this form.

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

No possession or use of alcohol, drugs, tobacco, fireworks, weapons, lighters, explosives
No offensive or immodest clothing as determined by H20 Leadership
Respect and comply with any additional rules as put forth by H20 Leadership

Students who fail to comply with these expectations, or any other event or program-specific rules 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: _____

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by **Corry First United Methodist Church / H20 Student Ministries** (hereinafter the "Church") from **August 1, 2009** to **August 1, 2010**.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, 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. I also give permission for H20 Student Ministries to publish pictures and/or videos that they produce which include my child in them for ministry purposes.

Parent/guardian signature: _____ **Date:** _____

H20 Student Ministries
650 Worth Street, Corry, PA 16407 (814) 665-2445

Medical History