Covenant United Methodist Church
Student Ministry

Parent Permission, Medical Release and Consent and Medical Information Forms

Parent Permission, Medical Release and Consent Form

We the undersigned are the parents, the parent(s) having custody, or the legal guardians of _____, a minor and have given our consent for him/her to attend/participate in this event/trip, being operated by the Student Ministries of Covenant United Methodist Church (CUMC) of Dothan, AL. We agree to hold such persons and CUMC free and harmless of any claims, demands, or suits resulting from this event/trip. In the event that he or she is injured while participating on this event/trip and requires the attention of the camp doctor, or other medical professional we consent of any reasonable medical or dental treatment as deemed necessary by a licensed physician or dentist. In the event treatment is called for which a physician or dentist refuses to administer without our consent, we hereby authorize the group leader of CUMC to give such consent for us if we cannot be reached by telephone at one of the numbers indicated on the Medical Information Form, or because of an emergency, there is not time to make a telephone call. In the event it becomes necessary for the group leader to give consent for us, we agree to hold them and CUMC free and harmless of any claims, demand or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician or dentist.

PHOTO RELEASE: Furthermore, I give Covenant United Methodist Church the right to use my child's photo on any and all church-related materials, web pages, advertisements, or bulletin boards.

_____ _____
Signature of Parent Date signed

_____ _____
Notary Signature Date signed

My commission expires _____ Seal of Notary

(Please include a copy (front and back) of insurance card.)

Medical Information Form

Please print in ink

General Information

Student Name: _____

Age _____ Birthday _____ Year in school_____ □ Male □ Female

Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Carrier _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Cell _____

Father's name _____ Phone: Home _____ Cell _____

Emergency contact _____ Phone: Home _____ Cell _____

Physician _____ Office phone_____

Dentist _____ Office phone_____

Medical Information Specific to your Student

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. Submit this notification in writing and attach it to this form.

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 ever experienced, or is 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. Please list and explain any major illnesses the child experienced during the last year:

_____
_____
_____
_____

7. Please list any medications by name as well as dosages to be disbursed for your child:

Medication Name _____ Dosage Required _____ Times per day _____
Medication Name _____ Dosage Required _____ Times per day _____
Medication Name _____ Dosage Required _____ Times per day _____
Medication Name _____ Dosage Required _____ Times per day _____

8. Should this child's activities be restricted for any reason? Please explain:

_____
_____
_____
_____

9. Additional comments:

_____
_____
_____
_____

Form Completed by:

_____ _____

Parent/Guardian Signature **Date Signed**