

# Annual Medical & Permission Form

Name: \_\_\_\_\_  
Last First

Effective dates: \_\_\_\_\_ to \_\_\_\_\_

## General Information

Student Name: \_\_\_\_\_  
Last First Middle

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ 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. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

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

For your child's safety and our knowledge, is your student a  
 good swimmer     fair swimmer     non-swimmer

Does your child have any allergies (i.e. pollens, medications, food, insect bites)?  Yes  No  
If Yes, please describe allergy and treatment: \_\_\_\_\_

Please list and explain any major illnesses the child experienced during the last year or activity restrictions for any reason: Please explain (use back of this sheet if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Covenant

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

No possession or use of alcohol, drugs, or tobacco

No students can drive

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 and rules

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

I, the student, have read the rules of conduct. I agree to abide by the stated personal limitations and code of conduct.

Student's Name (printed): \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, swimming, basketball, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, hiking, concerts, Bible studies, miniature golf, conferences, mission trips, service projects, sleep-overs, and more. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Chris Bishop prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities by Middletown United Methodist 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 Middletown United Methodist 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. 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.

Parent/guardian's name (printed): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_