

**Effective dates: SEPTEMBER 1, 2023 to AUGUST 31, 2024**

**Please print in ink:**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Grade in School: \_\_\_\_\_  Male  Female Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Youth's Cell ( ) \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ 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 volunteers and/or staff of the youth ministry 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.

**All necessary prescription medications must be delivered in person by the parent/guardian and given to the Nurse in charge or lead chaperone for any/all youth outings or overnight trips. Written instructions should accompany the medication.**

**Check the following areas of concern for this student.**

1. My child is a:
  - good swimmer  fair swimmer  non-swimmer
2. My child is allergic to:
  - pollens  medications  food  insect bites
  - List specifically \_\_\_\_\_.
3. My child currently suffers from:
  - asthma  epilepsy / seizure disorder  heart trouble  diabetes
  - frequently upset stomach  physical handicap
4. Date of last tetanus shot: \_\_\_\_\_
5. Please list and explain any major illnesses the child experienced during the last year:
  - Additional comments:
  - Should this student's activities be restricted for any reason? Please explain:

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

- No possession or use of alcohol, drugs, or tobacco
- No student may drive another student (other than a sibling) without prior written consent
- 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: riding in vans to neighborhood for community impact, cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, 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 prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT

sponsored by Gravel Hill United Methodist Church, 131 Gravel Hill Road, Palmyra, PA 17078; (hereinafter collectively "Church") from **September 1, 2023** to **August 31, 2024**.

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, 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. In addition to the foregoing, I/we acknowledge that photography and/or videography may take place during any event or activity and, by executing this document, grant express permission to the Church for the use of the likeness of the student named above as it sees fit and without compensation.

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