Medical Release and Permission Form

Medina United Methodist Church

Children, Family, and Student Ministries ***Please print using ink***

Effective dates: 9/1/2025 to 9/1/2026

**CHILD**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Male □ Female

Age: \_\_\_\_\_\_ Birthday: \_\_\_/\_\_\_\_/\_\_\_\_ School Grade: \_\_\_\_\_\_

Student Cell Phone *(if applicable)*: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Student Email *(if applicable)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**PARENTS**

Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY**

Emergency Contact Name: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Dentist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY**

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

For your child’s safety and our knowledge, is your student a:

□ Good swimmer □ Fair swimmer □ Non swimmer

Does your child take any medication? *(over the counter or prescribed):*

□ Yes □ No If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to:

□ Food □ Pollen □ Medications □ Insect Bites

Does your child suffer from, has ever experienced, or is currently being treated for any of the following?:

□ Asthma □ Epilepsy/Seizure disorder □ Heart trouble □ Diabetes

□ Frequent upset stomach □ Physical handicap □ Mental health diagnosis □ Bed wetting □ Nightmares/Night terrors □ Dietary concerns

Date of last tetanus shot: \_\_\_/\_\_\_\_/\_\_\_\_

Does your child wear: □ Glasses □ Contacts

**Children and Family Ministries activities may include, but are not limited to:**

Sunday morning classes and children’s worship, midweek activities on or off church property, Bible studies, outdoor activities and games, hayrides, sports activities, cooking activities, and local mission outreach.

**Student Ministries and Confirmation activities may include, but are not limited to:**

Sunday morning classes, Sunday evening youth group, Wednesday evening confirmation, midweek activities on or off church property, Bible studies, outdoor activities and games, sports activities, retreats, lock-ins, overnight events, and local and global mission outreach.

*Note: If you have questions about, or desire to limit, your child/student’s participation in any event, please contact the Director of Child and Family Ministries or Director of Student Ministries (respectively) prior to the event in question.*

**Each child/teen is expected to conform to these Rules of Conduct:**

**Do no harm to yourself of others:**

No possession or use of alcohol, drugs, tobacco, weapons, fireworks, lighters, or explosives.

No fighting.

No boys in girls’ sleeping quarters and no girls in boys’ sleeping quarters.

No students can drive unless 18 years of age or older without expressed permission form the Director of Student Ministries and their parents. Students who are 18 years old may **not** transport any other teen. No students may drive anywhere once the youth event has begun.

**Do good:**

Respect one another, staff, adult leaders, and property.

Respect and comply with event schedules (including participating whenever possible).

**Stay in love with God:**

Most of all, remember that the reason we gather is because God loves us, and we are a witness to God above all else.

**Failure to follow the above rules may be grounds for your**

**child being sent home at the parent/guardian’s expense.**

I, the parent or guardian, have read the rules of conduct and discussed them with my child.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication by Email, Text, and Social Media**

I wish to receive EMAIL communications (newsletters, updates, etc.) regarding:

□ Children Ministries (Cradle-Grade 6) □ Student Ministries (Grades 6-12)

I wish to receive TEXT communications (newsletters, updates, etc.) regarding:

□ Children Ministries (Cradle-Grade 6) □ Student Ministries (Grades 6-12)

*(Student name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend all Children and Family Ministries and Student Ministry activities sponsored by Medina United Methodist Church (hereinafter “the Church”) from January 1, 2023 to January 1, 2024. This consent form gives permission to seek whatever medical attention to deemed necessary and releases the Church and its staff of any liability against personal losses of named child. 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 all liability for any injury, loss, or damage to person or property that may occur during my child’s involvement. If 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 physician 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 I/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 is accurate at this date and will, to the best of 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 Children’s Ministry staff member. Lastly, I/we leave my/our child in the care of those chaperones appointed by the church to oversee and supervise events and give permission for my/our child to ride with the adult drivers representing our church.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo/Video Release and Communication Release**

□ I authorize staff of Medina United Methodist Church to use photos, videotapes, and/or other likenesses of myself and/or my child (or the child for whom I have legal guardianship) for promotional materials regarding Medina United Church programs, facilities, and/or services. Such images will not be sold to other parties. Promotional materials bearing theses images may be distributed for free to the public and posted on Medina United Methodist Church’s website (Medinaumc.com) and/or social media platforms. These images may also be displayed within the church property for promotional purposes.

□ Do not use photos, videotapes, and/or likenesses of myself and/or my child (or the child for whom I have legal guardianship) in promotional material or on Medinaumc.com, or social media platforms.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_