

Frazer United Methodist Church Child/Student Permission & Release Form

For your child’s protection, we ask every parent/guardian to submit a form each year on each child. This form covers over-night trips as well as church programs, so not all questions may apply to your situation, but please fill it out as completely as possible to ensure we can provide the best care for your child/student in case of emergency. *Children/students will not be allowed to attend any overnight or off-campus event without a completed and notarized form on file for the current year.*

CONTACT INFORMATION

Last Name:		First:	Middle:
Birthdate:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	School:
Street Address:			
City:		State:	ZIP:
Father/Guardian Name:		Home Phone:	Cell/Work/Other Phone:
Address (if different):			Email:
Mother/Guardian Name:		Home Phone:	Cell/Work/Other Phone:
Address (if different):			Email:
Emergency Contact (if parent can’t be reached):			Phone:
Family Physician/Name of Practice:			Phone:

HEALTH HISTORY (Check all that apply; attach additional sheet if necessary)

<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Bleeding/clotting disorder	<input type="checkbox"/> Whooping Cough	Allergies <input type="checkbox"/> Hay Fever, etc. <input type="checkbox"/> Poison Ivy/Oak/Sumac <input type="checkbox"/> Insect Stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Aspirin <input type="checkbox"/> Food/Other Allergies (describe below)	Subject to... <input type="checkbox"/> Sleep Walking <input type="checkbox"/> Fainting <input type="checkbox"/> Bedwetting <input type="checkbox"/> Constipation <input type="checkbox"/> Other (describe below)
<input type="checkbox"/> Frequent cold/sore throat	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Tuberculosis		
<input type="checkbox"/> Sinusitis/Bronchitis	<input type="checkbox"/> Stomach Problems	<input type="checkbox"/> Polio		
<input type="checkbox"/> Strep Throat	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Measles	<input type="checkbox"/> Asthma		
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Mumps	<input type="checkbox"/> Arthritis		
<input type="checkbox"/> Epilepsy/Convulsions	<input type="checkbox"/> German Measles			

Other diseases or details of diseases, conditions or allergies above:

Recent exposure to contagious illness:

Operations, Serious Injuries (describe and give dates):

Immunizations up to date? ☐ Yes ☐ No—explain:

Date of last tetanus shot:	Date of last TB skin test:
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Swimming, diving, or activity limitations?

Other activities to be encouraged or restricted?

Special medical or dietary regime to be continued?

List any medications or drugs taken regularly (current or recent):

Can your child take Tylenol? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERMISSION AND RELEASE

As the parent (or legal guardian), I the undersigned, certify that my child, _____ (PRINT FULL NAME), has my express permission to participate in all activities of any nature sponsored by Frazer Memorial United Methodist church for the calendar year 2014. I fully release Frazer Memorial United Methodist Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in our behalf against said church, representatives or staff.

Health History: The Health information on this form is correct to the best of my knowledge. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for camp or church leaders to restrict my child from participation in any activity which they have any questions about for health or other reasons.

Emergency Authorization: I hereby give permission to the medical personnel selected by Frazer Memorial United Methodist Church's designated nurse, staff or church leaders to order such X-rays, routine tests, and treatment for my child as he or she may deem necessary. In the event of an emergency and I cannot be reached, I hereby give permission to the physician or other health care professional selected by the Frazer designated nurse, staff or church leaders to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named in this document. I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will pay for any medical expenses incurred.

Photo Release: I hereby grant permission for Frazer Memorial United Methodist Church, it's staff and authorized volunteers, to take photographs and/or video of my child while participating in Frazer programs and/or events, and to publish the same in print, electronic and/or broadcast media, for promotional and informational purposes. ____ (Initial) —OR—

I request that my child's image not be published. I understand that my child may have to be removed temporarily from some activities or events where group photos or videos are being taken. I understand that Frazer broadcasts events by television and digital media and that by allowing my child to participate in Frazer programs and events, his or her image may be inadvertently published without identification as part of a group. ____ (Initial)

Signature or Parent/Guardian

Date

Signature or Parent/Guardian

Date

(TO BE COMPLETED ONLY IF GUARDIAN HAS LISTED ACTIVITIES TO BE RESTRICTED ON OPPOSITE SIDE OF FORM)

I _____ understand and agree to abide by the restrictions placed on my activities by my parent/guardian.

Signature of Child/Youth Participant

Date

State of Alabama:

County of Montgomery:

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary
Seal

Notary Public

My Commission Expires _____

Insurance Information

Name of Child: _____

Insurance issued in the name of: _____

Is this coverage for a dependent? ☐ Yes ☐ No

Address of Insured Street: _____

City _____

State _____

ZIP _____

Name of Insurance Company _____

Policy #: _____

Group #: _____

Address of Insurance Co. Street _____

City _____

State _____

ZIP _____

Pre-authorization Phone #: _____