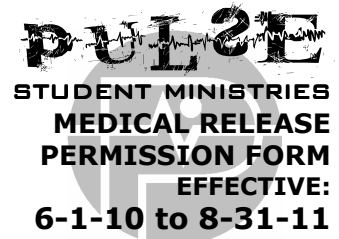


NAME _____	_____	_____	_____
LAST	FIRST	M.I.	
SCHOOL _____	GRADE _____	DOB _____	
HOME # _____	CELL # _____		
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	



CONTACT INFORMATION

MOTHER'S NAME _____ CELL PHONE _____
HOME PHONE _____ WORK PHONE _____ OTHER _____
FATHER'S NAME _____ CELL PHONE _____
HOME PHONE _____ WORK PHONE _____ OTHER _____
EMERGENCY CONTACT _____ CELL PHONE _____
HOME PHONE _____ WORK PHONE _____ OTHER _____

MEDICAL INFORMATION AND HISTORY

MEDICAL INSURANCE COMPANY (OR ATTACH MEDICAL CARD) _____
POLICY # _____ PHYSICIAN _____ PHONE _____
DENTIST _____ PHONE _____

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. Please include names of medications and dosages that must be taken.

Check each area of concern for this student. If necessary, add another page with details.

1. What type of swimmer would you consider your son/daughter?

Good Swimmer Fair Swimmer Non-swimmer

2. Does your child have allergies to any of the following (Circle Yes or No):

Yes/No – Pollens Yes/No – Medications Yes/No – Food Yes/No – Insect Bites

PLEASE EXPLAIN:

3. Has your child ever experienced, or is being treated for any of the following: Also, list any current medications being taken. (Check any that apply)

Asthma Epilepsy/Seizure Disorder Heart Trouble Diabetes
 Frequently Upset Stomach Physical Handicap Other

PLEASE EXPLAIN:

CURRENT MEDICATIONS:

4. Date of last tetanus shot: _____ Unsure (If unsure, one will be given if required by doctor)

5. Does your child wear (Circle Yes or No)? Yes/No – Glasses Yes/No - Contact Lenses

6. Please explain any major illness your child has experienced during the last year.

7. Should your child's activities be restricted? If yes, please explain.

RULES OF CONDUCT

WE EXPECT EACH STUDENT TO CONFORM TO THESE RULES OF CONDUCT:

- NO possession or use of alcohol, drugs or tobacco.
- NO students can drive church vans.
- NO fighting, weapons, fireworks, lighters, or explosives.
- NO offensive or immodest clothing.
- NO offensive or inappropriate language.
- NO boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- Participation with the group is expected.
- Respect for one another, staff, and adult leaders.
- Respect and comply with event schedules.

STUDENTS WHO FAIL TO COMPLY WITH THESE RULES CAN BE SENT HOME AT YOUR EXPENSE!

I, _____, 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:** _____

PERMISSION

Activities may include, but are not limited to: Bible Studies, mission trips, retreats, camping trips, concerts, fast food trips, cookouts, boating, water skiing, snow skiing/snow boarding, swimming, biking, hiking, hayrides, movies, and various types of sports and athletic events.

NOTE: *If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ (NAME OF STUDENT) has my permission to attend all youth activities sponsored by HERITAGE UNITED METHODIST CHURCH from:

JUNE 1, 2010 to AUGUST 31, 2011.

This consent form gives permission to seek whatever medical attention is deemed necessary, and release HERITAGE UNITED METHODIST CHURCH and its staff of any liability against personal losses of named child.

I/We have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by HERITAGE CHURCH. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release HERITAGE CHURCH, its pastors, employees, agents, and volunteer workers from any and all full 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 HERITAGE 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 care not be reimbursed by the health insurance provider. Furthermore, 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 a student ministries staff member.

PARENT/GAURDIAN SIGNATURE: _____ **DATE:** _____