Medical Release & Permission Form

Page 1 of 2

Effective dates: Through January 1, 2024			-
Please print in ink			
Name: Last First Middle		Age	Birthdate
Year in school —	ale Email _		·····
Address — City —		State	Zip
Phone	Pager/cell		
Medical insurance company	Policy #		
Mother's name — Pho	one: Home——	Work -	Cell
Father's name ————————————————————————————————————	one: Home——		Cell
Emergency contact — Pho	one: Home——	Work -	Cell
Physician	Office phone		
entistOffice phone			
If necessary, describe in detail the nature and severity of weakness, limitation, handicap, disability, or condition to aware, and what, if any action of protection is required of to this form. Include names of medications and dosages	which your child on account thereo	is subject and of v f. Submit this notif	which the staff should be
Check the following areas of concern for this studer	nt. If necessary, a	dd another page w	vith details:
 For your child's safety and our knowledge, is your students. □ good swimmer □ fair swimmer 			
2. Does your child have allergies to— If so, what (List or ☐ pollens ☐ medications		☐ insect bites	
3. Does your child suffer from, or has ever experienced, ☐ asthma ☐ epilepsy / seizure dis ☐ frequently upset stomach ☐ physical hand	order	ed currently for any □ heart trouble	of the following: ☐ diabetes
4. Date of last tetanus shot:			
5. Does your child wear ☐ glasses	☐ contact lenses	S	
6. Please list and explain any major illnesses the child e	xperienced during	g the last year:	
Additional comments:			
Should this child's activities be restricted for any	reason? Please	explain:	

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Page 2 of 2

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

Nothing you can sniff, snort, spit, smoke, or slurp No guys in girls' rooms or girls in guys' rooms

Lights out at designated times

No students can drive other students

You must stay in a group of three at all times—no one is allowed to be on his/her own.

No weapons of any shape, form, or fashion

No unnecessary physical contact (PDA) from body slamming to huggie-touchie-smoochie

Be present and on time for everything

No offensive or immodest clothing

No changing rooms without Student Pastor's approval No CD players, stereos, walk-mans, game boys, etc.

Respect all other persons (including coaches) and property

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: cookouts, boating, water skiing, swimming, basketball, rollerskating, 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 to the church student pastor prior to that event. has my permission to attend all youth activities NAME OF STUDENT Sponsored by Christ Independent Methodist Church (hereinafter the "Church") from December 1, 2021 to January 1, 2024. PLEASE CHECK Yes No Christ Independent Methodist Church has permission to use any pictures taken of your student during activities for use with promotional materials and church website. 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. Parent/guardian signature: Date: **NOTARY - STATE OF FLORIDA - COUNTY OF PUTNAM** __, who is The foregoing release was acknowledged before me this _____ day of _____ as identification. personally known to me or has produced

Seal:

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