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**Effective dates:** January 1, 2015to December 31, 2015

**Please print in ink**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ T-shirt Size \_\_\_\_\_\_\_\_\_

 Last First Middle

Birthday (MM/DD/YY) Year in school  Male  Female

Address City State Zip

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Email Parent Email

Medical insurance company Policy #

Mother’s name Phone: Home Work Cell

Father’s name Phone: Home Work Cell

Emergency Contact Phone: Home Work Cell

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 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. Include names of medications and dosages that must be taken.

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

1. For your child’s safety and our knowledge, is your student a ⎯

  good swimmer  fair swimmer  non-swimmer

2. Does your child have allergies to ⎯

  pollens  medications  food  insect bites

 Please list if applicable (continue on back if necessary):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

  asthma  epilepsy / seizure disorder  heart trouble  diabetes

1. Frequently upset stomach  physical handicap  other (Please list if applicable)

4. Date of last tetanus shot:

5. Does your child wear  glasses  contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

 Additional comments:

 Should this child’s activities be restricted for any reason? Please explain:

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

 No possession or use of alcohol, drugs, or tobacco

 No students may drive

 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 WUMC activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the parent, give permission to WUMC to post pictures of my child on their website at their discretion.

\_\_\_ YES \_\_\_ NO Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities may include, but are not limited to**: Both local and out of town events away from the campus of Woodlawn United Methodist Church.

 *Note: If you desire to limit your child’s participation in any event, please express your wishes to the ministry staff prior to that event.*

has my permission to attend all activities

 Name of Student

sponsored by **Woodlawn United Methodist Church, Panama City Beach, Florida**

from **January 1, 2015** to **December 31, 2015.**

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 Woodlawn United Methodist 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 Signature & Seal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_