



Fowlerville United Brethren Church
Student Ministries: High School
Health & Consent Form 2019-2020



This form will need to be completed for the benefit of your child, for events in which they participate in the student ministry, both at the church and off-campus events. This form is valid for one (1) year from the date signed.

(please print)

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Gender _____ Grade _____ School _____

Emergency Contact Person

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Alternate Contact Person (use someone near the primary contact)

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Insurance

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? _____ Yes _____ No

Name of Insurance Company _____

Policy # _____ Group # _____ Member Name _____

Family Doctor _____ City _____ Phone _____

If your child should require medical attention for the injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the ministry activity.

“I have come that they may have life, and have it to the full.”
John 10:10

Health History Any pre-existing or present medical conditions? _____

Name and dosage of any medications that must be taken

Any allergies? _____ To Medications?

- | | | |
|-----------------|-------------------------|--|
| _____ Hay Fever | _____ Heart Condition | _____ Frequent Stomach Upsets |
| _____ Asthma | _____ Insect Stings | _____ Epilepsy/Nervous Disorder |
| _____ Diabetes | _____ Physical Handicap | _____ Any major illnesses during the past year |

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions):

Date of last Tetanus shot _____ Contact Lenses

Any activity restrictions? _____ Yes _____ No If yes, what?

Parent Permission and Medical Liability Release Statement

As parent/legal guardian of _____, I give my permission for the subject of this release to be involved in the overall activities connected with the trips and events in which I allow my child to participate this year. I also give my permission for this form to be filed and used for each activity my child is a part of, releasing myself from the task of completing a new form for each activity. I understand that I may receive a copy of this form for my own records and I agree that if any information should change before the year's end, I am responsible for completing and turning in a new form.

I agree that the subject of this release will abide by the rules set for the activities. I also acknowledge that if the subject of the release has to return home early from a trip or event for discipline violations, it will be at my expense.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the church and team leaders during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the church, trip leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, while participating in the activity sponsored by the Fowlerville Church of the United Brethren in Christ.

I further give permission for still or moving images of my child to be used by the church for promotional purposes in printed and/or electronic media.

Parent/Guardian Signature

Date

Signature of Student (if over 19 years of age)

Date

