

**First United Methodist Health Form**   
**2024 - 202 School Year**

Child Name: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

2024-2025 School \_\_\_\_\_ 2024-202 Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

HODWLRWR&LOGBBBBBBBBBBBBBBBBBBBBBDDOBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip 32796

Second Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Relation to Child \_\_\_\_\_

Alt. Emergency Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Relation to Child Family Friend \_\_\_\_\_

Medical insurance carrier \_\_\_\_\_ Policy or group # \_\_\_\_\_

Carrier address \_\_\_\_\_ Name of insured person \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

**Health History (Give Approximate Dates)**

**Allergies (Check)**

_____ Frequent Ear Infections	_____ Diabetes	_____ Bleeding Disorders	_____ Hay Fever
_____ Heart Defect/Disease	_____ Asthma	_____ Mononucleosis	_____ Poison Ivy
_____ Seizures	_____ ADHD	_____ Downs Syndrome	_____ Penicillin
_____ Chicken Pox		_____ Autism	_____ Other (specify) _____

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

**Current medications (List prescription, OTC & herbal)**

Medication name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

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Blood type (if known) \_\_\_\_\_ Are all immunizations current? (MMR, tetanus, hepatitis) Yes No

Describe your s swimming ability: Beginner Intermediate Advanced

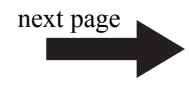
Any other information you feel the leaders should know in advance about your : \_\_\_\_\_

**For your information, these are our rules of conduct expected from each :**

- Respect peers, staff and adult leaders • No alcohol, drugs, tobacco permitted • No lighters permitted
- No hitting, fighting, weapons, fireworks, explosives permitted • Respect property on campus and off campus
- No offensive or immodest clothing • Participate with the group • Respect and comply with event schedules

**Failure to comply with these expectations could result in your child being sent home at your expense.**

*My child has permission to attend all church sponsored activities as listed in calendars and/or website including but not limited to the following: cook-outs, bounce houses, games in the park, soccer, musical plays, Bible studies, miniature golf. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to FUMC prior to that event.*



I(We) acknowledge that my child’s participation in the FUMC (First United Methodist Church) Ministries program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I(We) acknowledge that my child’s participation in any FUMC ministry activity presents risks that my child may suffer property damage, bodily injury or death. Therefore, in consideration of my child’s being allowed to participate in the FUMC ministries program activities, I(we) agree to the following:

FUMC is not responsible for the loss or theft of personal belongings.

Misconduct may result in transportation home from an activity at parents’ expense. A dismissed for a disciplinary reason will not receive a refund of the activity fee.

I understand and authorize that my child’s image may be photographed or filmed and used in video presentations, printed publications and the annual photo directory with their address of **First United Methodist** including the internet website.

For photos, please initial here: YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) **I waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child’s participation in FUMC’s activities, the following person, or entities: FUMC, it’s Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) **I agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence in the part of FUMC, FUMC’s staff or volunteers and: C) **I indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child’s actions. **I hereby assume the risks of my child participating in all FUMC ministries activities.**

The undersigned \_\_\_\_\_ (parent/guardian), the parent and natural guardian or legal guardian of \_\_\_\_\_ (minor’s name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorized any licensed physician, emergency medical technician, hospital, or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to FUMC representative to provide the needed emergency treatment to the prior to his admission to a medical facility.

I hereby agree to all the above **First United Methodist Church of Titusville** Waiver and Release Form Liability conditions.

Child's Name _____ Parent/guardian Signature _____ Date _____ State of _____ County of _____ The foregoing instrument was acknowledged to me this _____ day of _____, 20____, who is personally known to me or who has produced _____ as identification and who did not take an oath.   <div style="text-align: right; margin-top: 20px;">           _____            Signature of Notary         </div>
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