

**First United Methodist of Titusville
Health Form
Effective May 2020-June 2021**

Student Cell #: _____
 Student Email: _____
 Texting OK: Yes or No Emailing OK: Yes or No

Name _____ Birthday ____/____/____ Male Female

Fall of '20 School _____ Fall of '20 Grade _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Address _____ City _____ State _____ Zip _____

Second Parent _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Alt. Emergency Contact _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Student e-mail address _____ Parent e-mail address _____

Medical insurance carrier _____ Policy or group # _____

Carrier address _____ Name of insured person _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Health History (Give Approximate Dates)

_____ Frequent Ear Infections _____ Diabetes
 _____ Heart Defect/Disease _____ Asthma
 _____ Seizures _____ ADHD
 _____ Chicken Pox _____ Measles

Allergies (Check)

_____ Bleeding Disorders _____ Hay Fever
 _____ Mononucleosis _____ Poison Ivy
 _____ Downs Syndrome _____ Penicillin
 _____ Mumps _____ Drugs (specify) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (List prescription, OTC & herbal)

Medication name: _____ Dosage _____ Reason for taking _____

Medication name: _____ Dosage _____ Reason for taking _____

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

Describe your students swimming ability: Beginner Intermediate Advanced

Any other information you feel the leaders should know in advance about your student: _____

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

- 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 • No boys in girls sleeping quarters & visa versa • 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 house, games in the park, Bible studies, and bus travels 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.

Parent(s)/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.

Signature of Notary

I(We) acknowledge that my child's participation in the FUMC (First UMC of Titusville) Ministry programs 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 activities 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 student 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 student 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 Church of Titusville** 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 Youth 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 ministry 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 student prior to his admission to a medical facility.

I hereby agree to all the above **FIRST UNITED METHODIST CHURCH MINISTRIES** Waiver and Release Form Liability conditions.

Child's Name _____

Parent(s)/Guardian Signature _____

Parent(s)/Guardian Signature _____

Date _____