South Shore Youth Ministry Medical Release Form

STUDENT INFORMATION

Name: _____ Age: _____ Grade: _____ Sex: _____
Last First M.I.

School Attending: _____ Birth Date: _____

Home Phone: (____)_____ Student Cell Phone: (____)_____

Home Address: _____

Student E-mail: _____

1. Parent/Guardian: _____ Relationship: _____
   Phone #'s: Home: (____)_____ Cell: (____)_____
   Parent/Guardian E-mail: _____
   Business Name: _____ Phone #: _____

2. Parent/Guardian: _____ Relationship: _____
   Phone #'s: Home: (____)_____ Cell: (____)_____
   Parent/Guardian E-mail: _____
   Business Name: _____ Phone #: _____

In an emergency, if not available, please notify:

Name: _____ Relationship: _____

Phone #'s: Home: (____)_____ Cell: (____)_____

HEALTH AND MEDICAL INFORMATION & HEALTH HISTORY

(Check and/or give approximate dates)

Chicken Pox _____ Mumps _____ Measles _____

Date of last tetanus shot _____

Please describe your child's medical history including past operations, serious injuries, and/or current conditions under treatment:

_____

_____

Glasses?_____ Contact Lens?_____

Please list all allergies:

_____

_____

Does your child have any dietary modifications? ___ Yes ___ No (please attach specific information)
May your child self-administer medication? ___ Yes ___ No
Current Medications:

_____

_____

My Child is responsible for taking his/her own medication. ___ Yes ___ No
_____I would like an adult representative to administer my child's medication. (please attach schedule)

May adults in charge administer:

Aspirin?	___ Yes	___ No	Advil?	___ Yes	___ No
Tylenol?	___ Yes	___ No	Benadryl?	___ Yes	___ No
Midol?	___ Yes	___ No	Antibiotic Ointment?	___ Yes	___ No

Student's Physician _____ Phone _____

Address _____

Student's Dentist _____ Phone _____

Student's Orthodontist _____ Phone _____

Medical/Health Insurance Company _____

Policy/Group Number _____ Phone Number _____

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

In the event that my child becomes ill or is injured or for any reason requires medical treatment while attending a South Shore United Methodist Church function or activity, I do hereby consent to any and all medical and/or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physician(s) selected by agents or officials of South Shore United Methodist Church. In the event medical treatment is necessary, I hereby authorize any adult staff member of South Shore United Methodist Church or any other responsible adult accompanying the Church Ministry to give such consent for treatment and further agree to hold any person harmless from any liability, claims, demands, or suits of any nature arising from the giving of consent as long as the treatment is administered by or under the supervision of a licensed physician. The intention of this release is to grant authority to administer and perform any and all examinations, treatment, anesthetics, operations, and diagnostic procedures which may be deemed advisable or necessary by a qualified physician. I agree that payment for all charges incurred for medical examination and treatment is guaranteed by the parent/guardian or insurance company providing coverage for the above named student.

My signature on this form constitutes my consent for my child to participate in these activities.

___By checking this line I **decline** consent for use of photographs/videos taken of my student to be used on the Church website or any other promotional literature.

___By checking this line I **decline** consent for my child to travel to and from events in transportation provided by staff and/or volunteer drivers.

Parent or Guardian Signature: _____ Date signed: _____

Must be signed in the presence of a notary.

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this _____ day of _____, 201___, by _____ who is personally known to me or who has produced _____ as identification, and who did not take an oath.

_____
Signature of Notary

_____
Name of Notary (Printed or Stamped)

_____
(Serial Number — if any)