Pell City First United Methodist Church

2016 Student Ministry Health Information and Medical Release

 Last Name: First Name:  Male  Female

 Address:

 City, State, Zip: Home:

 Father/Guardian: Mother/Guardian:

 Work Phone: Work Phone:

 Cell Phone: Cell Phone:

 Email: Email:

 Emergency Contact: Primary Physician:

 Relationship: Phone:

 Home Phone: Hospital:

 Work Phone:

 Cell Phone:

HEALTH HISTORY:

DISEASES:

ALLERGIES:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Frequent ear infections |  | Chicken pox |  | Penicillin |
|  | Frequent Colds / Sore |  | Measles |  | Aspirin |
|  | Throats |  | Mumps |  | Other  |
|  | Sinusitis / Bronchitis |  | German Measles |  | Food  |
|  | Strep Throat |  | Whooping Cough |  | Insects  |
|  | Mononucleosis |  | Tuberculosis |  | Poison Ivy/Oak/Sumac |
|  Heart Defect / Disease  Polio SUBJECT TO… |
|  | Epilepsy / Convulsions |  | Diabetes |  | Sleep walking |
|  | Bleeding / Clotting Disorders |  | Asthma |  | Fainting |
|  | Hypertension |  | Arthritis |  | Bedwetting |
|  | Stomach Problems |  |  |  | Constipation |

Other health issues not listed above

Activity Limitations?

Special medical or dietary needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are immunizations up to date? If no, please explain

Date of last Tetanus Shot?

Is your youth taking a prescription or non-prescription medication? Yes No

If yes, please list medication, dosage and frequency of dosage

 My child requires the following medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can your youth be expected to take the right amount of medication at the proper time? Yes No

If the answer is no, arrangements must be made with the adult in charge.

*(continued on back)*

MEDICAL RELEASE & INSURANCE INFORMATION Valid for one year from date of signature

Name of youth

Insurance issued in the name of

Medical/Health Insurance Co. Name:

Policy Number: Group Number:

I certify that the above‐named youth is my child or my legal ward and resides with me. In the event he/she becomes ill, is injured, or for any reason requires medical treatment while attending a Pell City First United Methodist Church function or activity, I do hereby consent to any and all medical or surgical treatment, including anesthesia and operations, which may be deemed advisable by any qualified physician selected by agents or officials of the Pell City First United Methodist Church. In the event treatment is called for which a physician or other health care provider refuses to administer without my/our consent, I/we hereby authorize the Staff at Pell City First United Methodist Church or any other representatives of Pell City First United Methodist Church, to give such consent and further agree to hold any person harmless from any claims, demands, or suits of any nature arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I further authorize the release of the listed medical information to appropriate medical personnel and/or the health coverage insurance company. I will notify the church if I feel there are any health considerations that would prevent my child’s participation in any activity. I also give my permission for leaders to restrict my child from participation in any activities that they have any questions about for health or other reasons.

The intention of this release is to grant authority to administer and perform any and all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. I will see that payment is made for all medical expenses incurred for medical treatment for the above named youth. This payment will be made by myself or by my insurance company providing coverage for the above‐named youth.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Pell City First United Methodist Church. I fully release Pell City First United Methodist Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action that might be asserted in our behalf against said church, representatives or staff.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Please print)