

Students Annual Medical History & Release



Annual Medical History & Release

No parent likes to fill out a long, annoying medical form every time their student wants to participate in a student ministry event. So to save you the trouble, at CUMC we have adopted an annual medical history & release form that allows you to fill out one form for each student that covers them for an entire calendar year*.

Simply complete this form and submit it to Erin Fleet, Student Ministries Director or by mailing it to us at the following address:

Carlisle UMC
ATTN: Student Ministries
333 S Spring Garden St
Carlisle, PA 17013

** You will still have to complete a simple event permission form for most events. These can be found at, www.carlislepaumc.org/students.*

STUDENT INFORMATION

Name _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Student's Cell Phone _____

Email Address _____

School _____ Graduation Year _____

Birthday _____ Age _____

PARENT/GUARDIAN INFORMATION

Parent Name _____

Parent Phone Number _____

Parent Name _____

Parent Phone Number _____

INSURANCE INFORMATION

Insurance Company _____

Policy Holder Name _____

Group # _____ Group Name _____

Ins Company Address _____

City _____ State _____ Zip _____

Where is the Policyholder Employed? _____

Employer's Address _____

City _____ State _____ Zip _____



EMERGENCY CONTACT INFO (other than parent)

Name _____

Emergency Phone _____

Relationship to Student _____

HEALTH HISTORY

Mark and give approximate dates.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Ear, Nose & Throat Disorder | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Diabetes | _____ |

Dates _____

Please indicate if your student has any of the following allergies and provide any important details we should know about.

- | | | |
|--|---|--|
| <input type="checkbox"/> Insect stings/bites | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Other drugs |
| <input type="checkbox"/> Foods | <input type="checkbox"/> Grass, weeds, pollen | <input type="checkbox"/> Ivy Poisoning, etc. |

Details _____

Operations or serious illnesses (and dates) _____

Disability or chronic illness _____

Dietary Modifications _____

Current Medications _____

PHYSICIAN & MEDICAL CARE PROVIDER INFORMATION

Name of Family Physician _____

Phone _____

Name of Dentist/Orthodontist _____

Phone _____

Name of Other Care Provider _____

Phone _____ Title _____



OVER THE COUNTER MEDICATION PERMISSION

Do you give permission for your student to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

- No.** Contact me or get medical help if my student has any minor medical concerns.
- Yes.** I give permission for an adult youth leader to give my student approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.
- Yes.** I give permission for an adult youth leader to give my student approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions. I approve all over-the-counter medications except the following:

TRANSPORTATION PERMISSION

The undersigned does also hereby give permission for my student/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Carlisle UMC. My student/youth and I understand that SEAT-BELTS MUST BE WORN AT ALL TIMES during transportation.

PHOTO RELEASE

- I agree that Carlisle UMC may photograph and record my student/youth's likeness and activities (Images)¹ during church-related activities. I grant the following rights to Carlisle UMC: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and world-wide in perpetuity for the purposes stated above.
I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Carlisle UMC from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortious act.
I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

¹ Image means all photographs, film, or other recording taken of you as part of the shoot.

- No, I do not want photos used.

ACTIVITIES & RESTRICTIONS

For your student's safety and our knowledge, is your student a

Good swimmer Fair swimmer Non-swimmer

Does your student wear Glasses Contact Lenses

Date of last tetanus shot _____

(continued on next page)



ACTIVITIES & RESTRICTIONS (continued)

Should this student's activities be restricted for any reason? Please explain:

Any other important details about this student's health you'd like us to know about?

AUTHORIZATION OF TREATMENT & SELF-INDEMNIFICATION

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I (we), the undersigned, parent(s) or legal guardian(s) of this participant (hereinafter "my child" or "student"), a minor, do hereby authorize Carlisle UMC's staff and youth ministry leaders as agent(s) for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervisor and/or surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the afore said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care aforementioned physician in the exercise of his best judgment may deem advisable. If it should become necessary for my child to receive medical treatment for any reason, I agree to submit all claims to my insurance company. I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the activity, over and above that which is covered by my insurance.

RELEASE OF LIABILITY AND SELF INDEMNIFICATION

There is potential risk when traveling and/or participating in any CUMC ministry group activity. I (we), undersigned parent(s) or legal guardian(s), do for myself and on behalf of my child participant do hereby release, forever discharge, and agree to hold harmless Carlisle UMC, its youth ministry volunteers, or paid staff thereof from any and all liability, claims or demands for personal injury, sickness, or wrongful death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occurs while said is participating in a church youth group trip or activity. Furthermore, I and on behalf of my child hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation. The undersigned further agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Carlisle UMC, its volunteers, or paid staff we hereby hold harmless and indemnify said organization(s), its volunteers, employees and agents, for any liability sustained as the result of negligent, willful, or intentional acts of said persons otherwise, including expenses incurred attendant thereto.

PERMISSION TO PARTICIPATE

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by Carlisle UMC. Further, should it become necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I (we) hereby assume all transportation costs.

Signature _____

Print Name _____ Date _____