

Orange United Methodist Church Youth

Name of Student _____ Date of Birth _____
Address _____ Age _____
City _____ State _____ Zip _____
Phone Number (____) _____ Sex _____ Height _____ Weight _____

Emergency Contact Person:

Parent/Guardian Name _____
Address (if Different from above) _____
City _____ State _____ Zip _____
Phone Number (Home) (____) _____ (Work) (____) _____
Mother's Cell (____) _____ Father's Cell (____) _____

Alternate Contact Person:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone Number (Home) (____) _____ (Work) (____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity. Please copy card and attach to form.

Do you have health medical insurance _____ Yes _____ No _____
Name of Health Insurance Company _____
Policy Number _____ Group Number _____
In whose name is the insurance? _____
Family Doctor _____ City _____
Phone Number (____) _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth activity.

Health History

Pre-existing or present medical conditions _____

Name and Dosage of any medications that must be taken _____

Any Allergies? _____ To Medications? _____
____ Hay Fever ____ Heart Condition ____ Diabetes ____ Insect Stings
____ Epilepsy/Nervous Disorders ____ Asthma ____ Frequent Stomach Upsets
____ Physical handicap ____ Any Major Illness During Last Year?

If any of the above is checked, please give details (i.e., include normal treatments of allergic reactions) _____

(OVER)

Date of Last Tetanus Shot _____ Contact Lenses _____
Blood type _____ Any swimming restrictions? _____ Yes _____ No
What? _____
Any Activity restrictions? _____ Yes _____ No
What? _____

Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by Orange United Methodist Church and its agents during the events and activities.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I agree not to hold Orange United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this form.

Sign in the presence of a Notary Public.

Parent/Guardian Signature _____

Date _____

Notary Signature _____

Date _____

My commission expires: _____

Signature of Student (if over 18 years of age)

Date _____