

**Spring Creek UMC Student Permission/Yearly Medical Release Form  
For May 1, 2010 thru April 30, 2011**

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Ofc.#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Name of Emergency Contact Person: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ (if possible attach a copy of the card)

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy is in the name of: \_\_\_\_\_

**MEDICAL PERMISSION FOR CHURCH**

Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Handicapping Condition: \_\_\_\_\_

Recent Illness: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Reaction: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**I authorize the Physician to provide any necessary medical treatment for my son/daughter.**

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Physician's Office Phone #: \_\_\_\_\_

\*\*\*PLEASE COMPLETE BOTH SIDES\*\*\*

**Spring Creek UMC Student Permission/Yearly Medical Release Form  
For May 1, 2010 thru April 30, 2011**

Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_  
Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_ (08/09 yr) Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Student's Cell Phone #: \_\_\_\_\_  
Parent's Email: \_\_\_\_\_ Youth Email: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO MINOR TREATMENT**

We, the undersigned parent(s) or guardian of \_\_\_\_\_ (the "Youth"), a minor, do hereby authorize adult workers with the youth of Spring Creek United Methodist Church (the "Church"), as agents for the undersigned, do consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the Medical Practice Act (or a similar act under the laws of the state where the Church activity is being held) on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

**AUTHORIZATION TO PARTICIPATE IN YOUTH ACTIVITIES**

On behalf of the Youth desiring to participate in an activity held on the Church premises or away from the Church premises, and in consideration of being permitted to participate in and being provided transportation to said activity, voluntarily and knowingly executes this release and indemnity agreement on behalf of the Youth with the express intention of extinguishing the rights and obligations designated herein. I also agree to permit supervision and transportation in accordance with Church policy. Additionally, unless I expressly deny the Church authority to use photographic or other digital representations of the Youth, the Church may use the same for any purpose, including display on Church authorized Web sites.

With the intention of binding the student and with full authority to do so, I hereby release and discharge adult workers with the youth of the Church from any and all claims, demands, actions, judgments and executions which the Youth ever had, or now has, or ever will have, or which the Youth may claim to have against adult workers with the youth of the Church, in connection with or arising out of, directly or indirectly, any and all matters relating to Youth activity, including acts of negligence by adult workers with the youth of the Church.

The Youth hereby elects to and assumes all risks for claims hereinafter arising, known or unknown, from the Youth's conduct with the Church Youth Department and adult workers with the youth of the Church and hereby knowingly and voluntarily expressly releases such adult workers from all liability for claims arising out of such matters.

With the intention of binding the Youth and with full authority to do so, I hereby promise to indemnify adult workers with the youth of the Church from any and all claims, demands, actions, judgments and executions which the Youth ever had, or now has, or ever will have, or which the Youth may claim to have against adult workers with the youth of the Church, in connection with or arising out of, directly or indirectly, any and all matters relating to an activity held on the Church premises or away from the Church premises, including any alleged act of negligence of any adult workers with the youth of the Church.

**COVENANT OF CONDUCT**

In all meetings, retreats, or other events under the sponsorship and/or guidance of the Church, I am representing the Christian community and I am responsible for my actions. I understand the following guidelines will be followed:

1. The use or possession of illegal drugs, alcoholic beverages and tobacco are prohibited.
2. All conduct shall be in keeping with the highest Christian regard and respect for all persons.
3. All dress shall be in good taste and in accordance with the dress requested for the Church event.
4. All individuals are expected to join in group activities.
5. No profanity or sexually inappropriate behavior.

I, the above named Youth understand the above Covenant of Conduct, and I agree to abide by it to the best of my ability.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We(I) as parents (guardian) understand all three parts of this agreement. If the Youth disregards the Covenant of Conduct, a serious attempt to contact all the above phone numbers will be made and plans to pick up the Youth will be arranged. If we(I) are unavailable for contact or refuse to pick up the Youth, the current most available transportation carrier will be used (at my expense) to return the Youth home.

Parent(Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*PLEASE COMPLETE BOTH SIDES\*\*\*