

Grace Community UMC
Mandatory Health Form
Medical Release

Child's Name: _____
Last First Middle

Phone: _____ Birthdate: _____
Month Day Year

Address: _____
Street City State Zip

Parent/Guardian: 1. _____ Phone: Day _____
Name Evening _____

2. _____ Phone: Day _____
Name Evening _____

→ Medications you cannot take: _____

→ Allergies/special health problems or concerns: _____

→ Current tetanus shot? yes no (*We encourage you to get one prior to any event*)

→ My child is medically and physically fit to engage in the events sponsored and has the necessary skills to safely participate. yes no

Insurance Information

Insurance Company: _____

Policy No. _____ Company's Phone: _____

Company's Address: _____
Street City State Zip

Policy Holder's Name: _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____
Street City State Zip

In the event of an emergency or non-emergency situation in which medical treatment is required, every reasonable effort will be made to contact the person(s) listed on this form. If unsuccessful in contacting the person(s) listed, consent/permission is given for treatment by competent medical personnel.

Further, I give authorization to Melissa Rios, Youth Ministry Coordinator, and other adult counselors listed below (in priority order) to hospitalize, proper treatment for and to order injection, anesthesia, surgery, etc. (under recommendation of qualified medical personnel).

1. _____ 2. _____

I also agree that my insurance will be used for such medical care, and I am aware that I may be billed by the medical provider for any medical treatment not covered by my insurance.

1. _____
Signature of Parent/Guardian Relationship Date

Over →

Consent

I, _____ (parent/guardian), give permission for _____ to attend any and all events sponsored by or attended by the Grace Community United Methodist Church. Also, I give my permission for use of photographs taken of my child/youth to be used on the website or any other promotional literature.

1. _____
Signature of Parent/Guardian Relationship Date

2. _____
Signature of Parent/Guardian Relationship Date

Notary

Before me appeared this day _____, _____
Date Name of Parent/Guardian

who is personally known to me or who has produced _____ as
Driver's License Number

identification and who executed the foregoing instrument for the purpose therein expressed.

Notary Signature (Seal)

My Commission Expires: _____

Covenant of Conduct

In all meetings, retreats or other events under the sponsorship and/or guidance of Grace Community UMC, I am a representative of that Christian community, and I am responsible for my actions. I understand that the following guidelines will be followed:

1. The use of any medications not checked in with the adult leaders and the use or possession of alcoholic beverages and tobacco will be strictly prohibited.
2. All conduct will be in keeping with the highest regard and respect for all persons.
3. All individuals will be expected to participate in all group activities.
4. All dress will be in good taste.
5. The area used for the meeting and other events will be left clean.

VIOLATION OF THE ABOVE GUIDELINES WILL RESULT IN DISCIPLINARY ACTION TO BE DETERMINED BY THE ADULT SUPERVISOR.

I, _____, have read and understand this Covenant of Conduct. I agree to abide by it at all times.