



# First United Methodist Church

502 N. 6<sup>th</sup> St. Orange, TX 77630 409-886-7466 ~~ Fax 409-886-0489

## Permission/Medical/Video Release

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### Student Personal Information - Please print

Student name \_\_\_\_\_ Student Cell (\_\_\_\_) \_\_\_\_\_

[  ] Male [  ] Female School \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

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### Parent/Guardian information - Please print

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Cell number (\_\_\_\_) \_\_\_\_\_ Cell number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

As the parent or legal guardian of the child listed above, I/We permit him/her to participate in official supervised FUMC Youth Ministry activity. My child also has my permission to ride with a church approved, Safe Sanctuary trained adult, to and from any youth ministry event. I understand at times there may be only be one such adult while in transportation to and from events.

I knowingly release, absolve, indemnify and hold harmless FUMC, its members, trustees, administrative board, committees, and staff as well as counselors, organizers, workers, and all others acting on behalf of FUMC, or its programs and activities from all claims that might results from any accident, personal injury, illness/or death to the child(ren) named above.

I also understand that as a participant, my child may be photographed or videotaped during normal choir or church activities and these photos/videos may be used in promotional materials. I also give permission for my child to watch PG-13 movies.

In the event I/we cannot be reached to make arrangements for emergency medical attention, my signature below authorizes the adult in charge to administer or authorize the administration of emergency medical treatment in case of illness or injury to my child named above and I assume all financial liability

**I give permission for my child:** [  ] Ride on bus/van [  ] Be photo/video graphed [  ] Watch PG-13

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### Student Medical information - Please print

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Copy of insurance card is required to be attached to permission slip.**

**~~ Please complete and sign reverse. Very important. ~~ Rev 09/16**

# Student Medical Information - Please print - continued

Student's Name \_\_\_\_\_

Do you have any limiting physical or health disabilities? (Please circle)      YES      NO

If yes, please explain: \_\_\_\_\_

Do any of the following symptoms or conditions apply to you? (Check line if yes)

- |   |   |
|---|---|
| _____ History of diabetes, hypoglycemia, thyroid problems                             | _____ Episodes of depression, anxiety, hysteria                                 |
| _____ History of Bleeding problems  | _____ Asthma  |
| _____ Heart disease or Heart attack   | _____ Epilepsy or history of seizures or<br>dizzy spells, fainting, convulsions |
| _____ Recent injuries and/or surgeries  | _____ Shortness of breath, asthma on exertion                                   |
| _____ Low or high blood pressure, stroke  | _____ Broken bones, joint dislocations, serious                                 |
| _____ Currently pregnant  |   |
| _____ Chronic pain in the neck, back, shoulders, arms, sprains, hernia, legs or knees |   |

If you checked any of the above, please explain each: \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergies and/or drug reactions: \_\_\_\_\_

Any other conditions we should be aware of: \_\_\_\_\_

Participants signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy of insurance card is required to be attached to permission slip. Rev 09/16