

**Jenks First United Methodist Church**  
**Children and Youth Medical Release and Transportation Permission Form**

(Please print in ink.)

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Effective while child/youth is a participant in Jenks First United Methodist Church activities. **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
LAST FIRST MIDDLE (month/day/year)

Year in school: \_\_\_\_\_  Male  Female Child/Youth Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Child/Youth Cell Phone \_\_\_\_\_

Mother's First & Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Father's First & Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

**MEDICAL HISTORY**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:  good swimmer  fair swimmer  non-swimmer

2. Does your child have allergies to:  pollens  medications  food  insect bites  other  
 Please list: \_\_\_\_\_

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma  epilepsy/seizure disorder  heart trouble  diabetes  
 frequently upset stomach  physical handicap

4. Date of last tetanus shot: \_\_\_\_\_

5. Does your child wear:  glasses  contact lenses

6. Please list and explain any major illnesses the child experienced during the last year: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_  
 \_\_\_\_\_

7. Please list any ongoing medication your child is taking: \_\_\_\_\_  
 \_\_\_\_\_

Photograph/Videotape Release:

● I give my permission for my child to be photographed or videotaped, which may be used by the United Methodist Church for promotions in print and website. (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

I understand transportation to and from events will be provided by personal vehicles. I agree that the church will not be held responsible in case of accident. I agree that the driver will not be held responsible in case of accident.

➔ **Parent/Guardian Signature** \_\_\_\_\_

**For your information, we expect each child or youth to conform to these rules of conduct:**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive to youth events away from the church building without a parent's written permission (*see below*)\*
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

\* My child has a valid driver's license and is allowed to drive a personal vehicle to youth events that take place away from the church building.

**Parent/Guardian Signature (*only if permitted*):** \_\_\_\_\_

**Please note that youth are not allowed to transport other youth during youth/church events unless they are related (family, siblings, etc). Parents or guardians must give permission for special circumstances.**

**Children or youth who fail to comply with these expectations may be sent home at their parents' expense.**

I, the child/youth, have read the rules of conduct, the above evaluation of my health, and permission to participate in Jenks First United Methodist Church activities. I agree to abide by the stated personal limitations and code of conduct.

➔ **Child/Youth signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the appropriate church staff person prior to that event.

\_\_\_\_\_ **has my permission to attend all Jenks First United Methodist Church**  
**(Print Name of Child/Youth)**

**activities sponsored by Jenks First United Methodist Church (hereinafter the "Church").**

**Dated:** \_\_\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the appropriate staff member.

➔ **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_