

Covenant United Methodist Church
4410 Duval Road
Austin, TX 78759

Medical Release and Permission Form

512-346-3124

Please print in ink

Date _____

Student Information:

Name: _____
Last First Middle

Age: _____ Birthday: _____ Year in School: _____

School: _____

Student's Email address: _____

Home address: _____ Zip _____

Student's phone: _____ Circle one: Male or Female

Parent or legal guardian information:

Name: _____ Relationship _____

Address: _____ Zip _____

Home phone: _____ Cell phone: _____

Email address: _____

Employer: _____ Work phone: _____

2nd parent or legal guardian information:

Name: _____ Relationship _____

Address: _____ Zip _____

Home phone: _____ Cell phone: _____

Email Address: _____

Employer: _____ Work phone: _____

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Emergency contact other than previously listed:

Name: _____ Relationship _____

Address: _____ Zip _____

Home phone: _____ Cell phone: _____

Employer: _____ Work phone: _____

Insurance and physician information:

Physician name : _____ Phone _____

Insurance company: _____ Phone _____

Policy # _____ Group # _____

Whose name is policy under? _____

Health and safety information:

Allergies: _____

Medical conditions : _____

Medications: _____

Please circle what over the counter medications are we allowed to give your child:

Tylenol Ibuprofen Benedryl Anti-biotic ointment
Cough suppressant Pepto-Bismol Antacids Other _____

Photo Permission:

May photos of your child be used on the church's social media or promotional material?

Yes _____ No _____

Parent/Guardian Signature

Medical History

Medical Release & Permission Form Page 2 of 2

For your information, we expect each student to conform to these rules of conduct

No possession or use of alcohol, drugs, or tobacco

No students can drive

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

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student 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 church youth pastor prior to that event.*

_____ has my permission to attend all youth activities.

NAME OF STUDENT

sponsored by **Covenant United Methodist Church of Austin, Texas** (herein after the "Church"). This authorization shall remain effective for a period of one (1) year from its signing, unless sooner revoked by the physical destruction of the original hereof, such destruction being the only method of actual notice of the revocation of same. This authorization 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. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need to be made under this authorization. The possession of the original of this Authorization by the Church is evidence that he/she has care and control of such minor and that I/We cannot be contacted. 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 student ministries staff member.

Parent/guardian signature: _____ Date: _____

Witness signature: _____