

Mequon United Methodist Church
Children's Medical Release & Permission Form

Effective dates:
September 1, 2017 to August 31, 2018

Student's Name: _____

Age _____ Birthday _____ Year in school _____ · Male · Female

Student E-mail _____

Parent E-Mail _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian's name _____

Phone _____ Cell _____

Parent/Guardian's name _____

Phone _____ Cell _____

This child lives with · Both Parents · Mother only · Father only · Other _____

My child has no restrictions on who may pick up or drop him/her off.

My child has the following restrictions on who may pick up or drop him/her off:

Emergency contact - Name _____

Phone _____ Cell _____

Medical insurance company _____

Policy # _____

Please describe in detail on an attached separate sheet any physical and/or psychological disabilities, illnesses, limitations, or conditions affecting your child that our staff and volunteers need to be aware of, and what, if any, action is required. If applicable, please include names of medications and dosages that must be taken.

Does your child have any allergies (to food, insect bites, pollens, medications, etc.)?

· No · Yes If yes, describe the allergy and related restrictions on the back of this form.

Does your child carry an EpiPen Inhaler Medical alert bracelet?

Date of last tetanus shot:

MUMC Children's Activities may include, but are not limited to: VBS, Bible studies, basketball, boating, broomball, camping, concerts, cookouts, field trips, hayrides, hiking, horseback riding, laser tag, lock-ins, miniature golf, meal-site service, mission trips, outdoor games, service projects, skating, skiing, sleep-overs, small group trips, snowboarding, soccer, softball, student conferences, swimming, rock climbing, volleyball, water skiing and more.

_____ has my permission to attend all children's activities and to be transported off church property for field trips.

(Please continue and SIGN the reverse side of this form.)

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing prior to that event.

I hereby grant permission for my child _____ to participate in all activities at Mequon United Methodist Church. I understand that my child participates in these activities at his or her own risk and that Mequon United Methodist Church and its adult supervisors are not liable for any injury personal or otherwise to my child or caused by my child. Should any problems arise concerning the behavior of my child that would require him/her to return home prior to the end of the activity, I will pay for his/her return or come to pick up my child. I recognize that Mequon United Methodist Church uses photographs and video images of events in publicity materials such as the church website, Facebook, newspapers, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes. I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent. I am responsible for any medical expenses.

Parent/guardian's name (printed): _____

Parent/guardian signature: _____

Date _____