

# Youth Medical Information and Release Form

Reynoldsburg United Methodist Church

Name of Youth \_\_\_\_\_  
(Please Print)

Grade \_\_\_\_\_ School Year 2008-09 Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's (or legal guardian) Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's (or legal guardian) Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company Covering Youth \_\_\_\_\_

Phone \_\_\_\_\_ Group or Policy Number \_\_\_\_\_

## Personal Medical Information

Known Allergies \_\_\_\_\_

Medical History \_\_\_\_\_

Current Medications \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Physical Restrictions \_\_\_\_\_

In the event that I am unable to be reached at the numbers above, I hereby authorize emergency medical treatment, surgery or dental care to be given to my son/daughter, listed above as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

\_\_\_\_\_  
Parent (or legal guardian) Signature

\_\_\_\_\_  
Date

## Permission Agreement

I give permission for my youth, \_\_\_\_\_, to participate in the planned activities of the Youth Ministry of Reynoldsburg United Methodist Church. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults will be chaperoning youth activities and will take reasonable action as they deem necessary to protect the best interests of all participants. In signing this document, my youth agrees to conduct himself/herself in a safe and orderly Christian manner and will abide by decisions made by the adult leaders. I am aware that private transportation will be used when travel is necessary.

I have read and understand the conditions described above, and I give permission for my youth to participate in the Reynoldsburg United Methodist Church Youth Ministry activities.

\_\_\_\_\_  
Parent (or legal guardian) Signature

\_\_\_\_\_  
Date

## Covenant

I, \_\_\_\_\_, understand that I am representing Reynoldsburg United Methodist Church in all youth activities. Therefore, for my own safety, the well-being of others, and mutual respect, I promise to abide by the following guidelines;

1. I will not use drugs, alcohol or tobacco in any form.
2. I will treat other people's property with respect and cause no form of vandalism or destruction to any private or church property.
3. I will treat other members of the youth group with respect.
4. I will cause no emotional or physical injury to myself or others.
5. I will not participate in inappropriate forms of PDA (public displays of affection).
6. I am responsible for my actions and will act in a Christian manner.

In addition to these guidelines, I agree to work in harmony with the members of the group by participating in activities, and I will respect the opinions of others and care for my peers as sisters and brothers in Christ. I agree to listen and adhere to all the instructions by the adult leaders.

\_\_\_\_\_  
Youth Name

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

This form will be kept on file in the church and a permission form will be signed for each individual trip describing the details of the trip. The medical form on the back will be kept on file and taken on each trip. You need not fill out one for each trip unless there are changes. Return completed and signed form to the Student Ministries Office.

**Every youth involved in any area of youth ministry must fill out and sign this form!**

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