

Elementary School (WAVE and or Sunday School)
Medical & Liability Release Form for all Shueyville United Methodist Church events
occurring from July 1, 2011-August 31, 2012

Do not turn in until completely filled out—All fields are REQUIRED!!

Student Information

Name _____ Age _____ Birth date ____/____/____

Grade (fall 2011) _____ School _____

Address _____ City/State _____ Zip _____

Program: WAVE Sunday School Both

Student Health History Information

Circle all that apply:

Allergies: Insect Stings Drugs Hay Fever Other _____

Other Conditions: Heart Condition Chronic Asthma Epilepsy Diabetes Other _____

If you circled anything above, please give details on back of form (i.e normal symptoms or treatments)

Date of Last Tetanus _____ Name and Dosage of any medications _____

Permission to administer OTC medications (Tylenol, Advil, Pepto-Bismol, etc) as needed: YES NO

Any swimming or activity restrictions: YES NO If yes, please explain _____

Doctor _____ City _____ Phone (____) _____

Parent/Guardian Information

Parent/Guardian 1 Name _____

Cell Phone# (____) _____ Email Address _____

Parent/Guardian 2 Name _____

Cell Phone# (____) _____ Email Address _____

Cell Phone Company _____ Home Phone # (____) _____

I prefer to be contacted by: Phone Email

In case of emergency Contact: Name _____

Phone # (____) _____ Relationship _____

Health Insurance Information:

Do you have health insurance? YES NO (if no, skip this section)

Insurance Company Name _____ Insurance Phone# (____) _____

Policy Number _____ Name on Insurance Policy _____

Parent or Guardian Signature required below!

Release of Medical/Photo/Liability

Every activity sponsored by this church is carefully planned and supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can happen. Knowing this, I give permission for my child to participate in the Student Ministries at Shueyville United Methodist Church. I agree to assume and accept all risks and hazards inherent in church related social activities, including off site events. I give my consent to allow my student to participate in all off site activities and allow my student to ride in Shueyville Church, volunteer, or parent vehicles. I permit the Shueyville United Methodist Church to use video or photographs of my child for church related materials including but not limited to the church website and facebook fan page and twitter. I hereby release Shueyville United Methodist Church, its staff & volunteers, from any liability for injury that my child may sustain during activities or field trips. In case of illness or injury, and in the event I am unable to respond, I authorize Shueyville Church staff and or volunteers to allow emergency medical treatment or surgery by a licensed physician or hospital. I understand that I am signing for the minor listed on this form and in my own capacity as parent or legal guardian and the signature is for medical, liability, and photo/information release.

Signature(s) of Parent or legal guardian(s) _____

Date ____/____/____

Date ____/____/____

Printed name(s) of Parent or legal guardian(s) _____

Relationship to minor _____