

**St. Mark's United Methodist Church - Fusion Youth Ministries**

**Medical Release/General Permission Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(last) (first) (middle)

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

City/Zip \_\_\_\_\_ Student Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

School you attend \_\_\_\_\_ Grade \_\_\_\_\_

Email \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work Place \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Work Place \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

List any medications, foods, insect stings or other things to which you are allergic

Medications Currently Taking \_\_\_\_\_

List any health problems or concerns \_\_\_\_\_

Medical Insurance Company (please attach copy of Health Plan card if available)

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

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

Policy # \_\_\_\_\_ Identification or group # \_\_\_\_\_

Physicians name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentists name \_\_\_\_\_ Phone # \_\_\_\_\_

*In the event of an emergency or non-emergency situation in which medical treatment is required we will contact one of the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.*

*Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendations of qualified medical personnel).*

*I understand that St. Marks United Methodist Church does not carry accident or medical insurance on those youth and/or adults participating. I agree that my insurance company will be used for such medical care, and I am aware that the medical provider for any medical treatment not covered by my insurance may bill me. I understand that if I do not have medical insurance coverage I am responsible for the payment of any medical bills.*

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ (to be signed in presence of a notary)

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

My commission Expires: \_\_\_\_\_

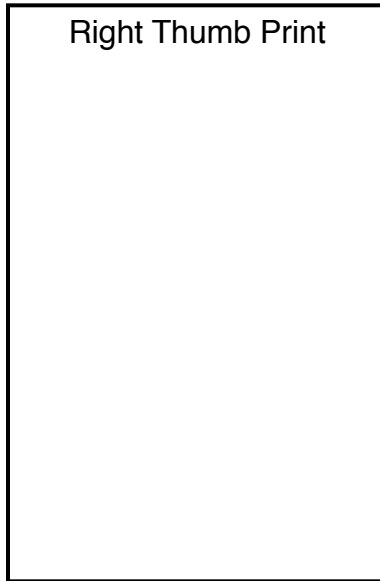
Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

### **Student Profile & Additional Information**

*In the unlikely event your child ever went missing during a youth trip, the police could use the following information to file a Missing Person's Report. Please remember to attach a photo in the space provided. A thumb print will be taken at the church.*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Build \_\_\_\_\_ Hair Color & Style \_\_\_\_\_  
Scars/Birth Marks \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Date this form was completed \_\_\_\_\_



### **General Permission Form And Rules of Behavior for Trip Participants**

As parent/legal guardian of \_\_\_\_\_, I give my permission for his/her involvement in activities and events of St. Marks United Methodist Church of Murfreesboro, TN.

I consent to the use of any video images, photographs, audio recording or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as St. Marks UMC sees fit. For no, please initial here \_\_\_\_\_

I understand that all reasonable safety precautions will be taken at all times by St. Marks United Methodist Church and its agents during the events or activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk for the subject of this form.

All students and adults are expected to follow these rules of behavior. Failure to abide by this code may result in the individual being required to call their parents/guardians to pick them up at parent/guardian expense.

Respect the property of our church, the places we visit and other people's belongings.

At not time be in possession of or be under the influence of illegal drugs, alcohol or tobacco products during any Youth event.

Show respect for each other by listening, loving and nurturing at all times.

Participate fully in all attended events and abide by group decisions.

Reflect Christ to all who see us (NO public display of affection, NO physical or verbal fighting, NO profane or obscene language).

Clothing should be modest and appropriate. No shirts that advertise use of alcohol, illegal drugs or tobacco products should be worn.

The subject and I have reviewed the rules of behavior together and agree that the subject of this release will abide by them. We also acknowledge that if the subject of the release has to return home early for discipline violation(s) it will be at my expense.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Student Name (please print) \_\_\_\_\_

Student signature \_\_\_\_\_