Student Medical Information 2022 - 2023   **ALLERGIES:** _____

Name: _____   MALE   FEMALE

Home address: _____   City, St, Zip_____

Home Phone (_____)_____-_____   Cell Phone (_____)_____-_____   DOB_____

Email address_____   2022-2023 Grade _____

Parent/Guardian Information:

Name_____   Cell Phone (_____)_____-_____

Emergency Contact (not parent or guardian):

Name_____   Cell Phone (_____)_____-_____

Medical Information:

Doctor Name:_____   Phone #(_____)_____-_____

Name and reason for all medication taken regularly_____

_____

Health Problems or Chronic Conditions_____

_____

Last Tetanus Shot_____   Insurance _____Circle: PPO   HMO   OTHER

Member ID/Policy#_____   Verification Phone #_____

Effective immediately, I assume all risk and hazards and do hereby release and agree to hold harmless University United Methodist Church (the church) and its servants, volunteers, agents, and employees from all liability for personal injury or property damage for all actions taken in good faith during the church activities. In the event I cannot be reached or cannot communicate in an emergency, I hereby give my permission to the physician, hospital, or medical service selected by the leaders of the church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child or myself as named above. It is understood that a conscientious effort will be made to communicate with me or the emergency contact listed before any action is taken. I accept responsibility for any and all expenses incurred from medical treatments provided to my student. I have read this release and understand its terms and execute it voluntarily and with full knowledge of its significance.

Communication Release

We understand that many young people use digital tools for communication. Therefore, we are requesting your permission to stay in contact with your student via digital communication. Staff, Leaders, and Volunteers will be required to follow this Child/Student safety policy at all times.

Please select the boxes below to give permission for the particular form of communication
I hereby grant permission to University UMC to communicate with my student via:
☐ Text message   ☐ E-mail   ☐ Facebook   ☐ Instagram   ☐ Twitter   ☐ Snapchat   ☐ Cell Phone

I also give permission for University UMC to accept requests from my child to join:
☐ closed, moderated ministry Facebook, Instagram, or other social media group/page
☐ texting group app such as Group Me
☐ ministry related meetings utilizing skype, facetime, zoom, or other video conferencing platforms. Parent/Guardian Printed

Parent/Guardian Printed Name_____

Parent/Guardian Signature_____ Date_____