

Student Medical Information 2020-2021 **ALLERGIES:** _____

Student Information:

Name: _____ MALE FEMALE

Home address: _____ City, St, Zip: _____

Home Phone: _____ Cell Phone: _____ DOB: _____

Email address _____ 2020-2021 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 medications taken regularly: _____

Health Problems or Chronic Conditions: _____

Last Tetanus Shot: _____ Insurance Carrier: _____ Plan: 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 Signature: _____

Date: _____