

**Meridian United Methodist Church  
Warm Heart Youth Release Form**

**Effective dates: January 1, 2024 to December 31, 2024**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Year in school \_\_\_\_\_ Student e-mail \_\_\_\_\_

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

Student Cell phone? \_\_\_\_\_ OK to text  Home phone? \_\_\_\_\_

Guardian's name \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ send YG emails?

Guardian's name \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ send YG emails?

Emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

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**MEDICAL HISTORY**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, tendency to become sick, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, or any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check potential areas of concern for this student.** If necessary, add a page with details:

1. Your student is a:  
    \_\_\_good swimmer      \_\_\_fair swimmer      \_\_\_non-swimmer
2. Your child has allergies to:  
    \_\_\_pollens    \_\_\_insect bites/stings    \_\_\_other: \_\_\_\_\_  
    \_\_\_medications: \_\_\_\_\_  
    \_\_\_food: \_\_\_\_\_
3. Your child suffers from, has ever experienced, or is currently being treated for:  
    \_\_\_asthma    \_\_\_epilepsy/seizure disorder    \_\_\_heart trouble    \_\_\_diabetes  
    \_\_\_frequently upset stomach    \_\_\_physical handicap
4. Date of last tetanus shot: \_\_\_\_\_
5. Your child wears: \_\_\_glasses    \_\_\_contact lenses
6. Should your child's activities be restricted for any reason? Please explain:

## Code of Conduct

### We expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, vaping or tobacco.
- No bullying, fighting, weapons, fireworks, lighters, or explosives.
- No offensive clothing.
- No foul or abusive language.
- Stay out of others' sleeping quarters.
- No students can drive during youth program activities. Students must follow parental rules regarding transporting of other students before and after youth activities.
- Participation with the group is expected.
- Respect property.
- Respect one another, staff, and adult leaders.
- Respect and comply with event schedules.

### Students who fail to comply with these expectations may be sent home at their guardians' expense.

I have read the rules of conduct and the evaluation of my health, and I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

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## Guardian Consent and Release of Liability

\_\_\_\_\_ has my permission to attend all youth activities sponsored by Meridian United Methodist Church (hereinafter the "Church") from January 1, 2024 through December 31, 2024. This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child.

I/We, the undersigned, have legal custody of the student named above, a minor, and have given our consent for them to attend events being organized by the Church, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that they are injured and require the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student/youth ministry staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_