

**Meridian United Methodist Church
Warm Heart Youth Parental Consent Form**

Effective dates: September 1, 2017 to August 31, 2018

Name _____ Age _____ Birth Date _____

Year in school _____ Male ___ Female ___ e-mail _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Student Cell phone _____

Mother's name _____ Mother's Phone: _____

Mother's email _____

Father's name _____ Father's Phone: _____

Father's email _____

Emergency contact _____ Phone: _____

Medical insurance company _____ Policy # _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

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 the following areas of concern for this student. If necessary, add a page with details:

1. For your child's safety and our knowledge, your student is a:
___good swimmer ___fair swimmer ___non-swimmer
2. Does your child have allergies to:
___pollens ___insect bites/stings ___other: _____
___medications: _____
___food: _____
3. Does your child suffer 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. Does your child wear: ___glasses ___contact lenses
6. Should your child's activities be restricted for any reason? Please explain:

Code of Conduct

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, vaping or tobacco.
- No students can drive during youth program activities. Students must follow policies regarding transporting of other students before and after youth activities.
- No bullying, fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No foul or abusive language.
- No boys in girls' sleeping quarters, and no girls in boys' sleeping quarters.
- 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 parents' expense.

I have read the rules of conduct, the evaluation of my health, and permission to participate in youth group activities, and I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date _____

Parental Consent

_____ has my permission to attend all youth activities sponsored by Meridian United Methodist Church (hereinafter the "Church") from September 1, 2017 through August 31, 2018. 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 him/her 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 he/she is injured and requires 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 ministries staff member.

Parent/guardian signature: _____ Date _____