

**Mill Grove UMC Health Information From
R.O.C.K. Youth Ministries (Grades 6th-12th)
Effective: August 2011 - August 2012**

Office Use Only
Jr. H Sr. H last name Initial

Name: _____ Birthday: ___ / ___ / ___ Male Female

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: (____) - _____ - _____ Household Email: _____

Father's Name: _____ Father's Email: _____

Father's Information: Home (____) _____ - _____ (Cell) (____) _____ - _____ Phone (Work) (____) _____ - _____

Mother's Name: _____ Mother's Email: _____

Mother's Information: Home (____) _____ - _____ (Cell) (____) _____ - _____ Phone (Work) (____) _____ - _____

Student's Email: _____ Student's (Cell) (____) _____ - _____

Fall '11 School Name: _____ Does student have Facebook? Yes No

High School Graduation Year: 2017 2016 2015 (Jr. High Program) 2014 2013 2012 (Sr. High Program) Grade: _____

Student lives with: Both parents Mother only Father only Shared custody Other: _____

Alternate Emergency Contact: _____ Relationship: _____

Phone: (Home) (____) _____ - _____ Phone: (Cell) (____) _____ - _____ Phone: (Work) (____) _____ - _____

Medical insurance carrier: _____ Policy#: _____ Group#: _____

Carrier address: _____

Name of insured person: _____ Date of birth of insured person: _____

Insured person's place of employment: _____ Insured person's social security#: _____

Name of family physician: _____ Phone: (____) _____ - _____

Name of dentist/orthodontist: _____ Phone: (____) _____ - _____

Health History: (Check. Give approximate dates)

_____ Frequent Ear Infections _____ Diabetes _____ Bleeding Disorders
 _____ Heart Defect/Disease _____ Asthma _____ Mononucleosis
 _____ Seizures _____ ADD/ADHD _____ Downs Syn.
 _____ Tourettes Syn. _____ Chicken Pox _____ Measles/Mumps

Allergies :

_____ Hay Fever _____ Penicillin
 _____ Ivy Poisoning, etc. _____ Insect Stings
 _____ Food (specify) _____
 _____ Drugs (specify) _____
 _____ Other _____

Chronic/recurring illness/medical conditions including mental illness: (depression, anxiety, etc.) _____

Dietary restrictions: _____

Current medications: (List both prescription, OTC & herbal)

Medication name: _____ Dosage: _____ Reason for taking: _____

Medication name: _____ Dosage: _____ Reason for taking: _____

Any other information you feel the leaders should know in advance about your student: _____

Blood type: _____ Are all immunizations current? (MMR, tetanus-every 10 years, hepatitis) Yes No

Parent (s)/guardian signature _____ Date _____

Student's signature _____ Date _____

Initial _____ **I (We) acknowledge that my child's participation in Mill Grove UMC Youth Ministries is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Mill Grove UMC Youth Ministries presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Mill Grove UMC Youth Ministries , I (we) agree to the following:**

Initial _____ Mill Grove UMC is not responsible for the loss or theft of personal belongings.

Initial _____ Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial _____ I understand and authorize that my child's image may be photographed or filmed and used in Mill Grove UMC video presentations, printed publications, website and the annual photo directory with their address.

Initial _____ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:
A) **I waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Mill Grove UMC Youth Ministries , the following person, or entities: Mill Grove UMC, it's Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) **I agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Mill Grove UMC , Mill Grove UMC staff or volunteers and: c) **I indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Mill Grove UMC Youth Ministries .**

Initial _____ The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Initial _____ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Mill Grove UMC representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Initial _____ I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

- For your information, these are our rules of conduct expected from each student:**
- | | | | |
|-----------------------|--|--|---|
| Initial _____ | <input type="checkbox"/> Respect one another, staff and adult leaders | <input type="checkbox"/> No Two-piece swim suits or Guys' Speedos | <input type="checkbox"/> No lighters permitted |
| | <input type="checkbox"/> No fighting, weapons, fireworks, explosives | <input type="checkbox"/> No students permitted to drive for events | <input type="checkbox"/> Respect property |
| | <input type="checkbox"/> Participation with the group expected | <input type="checkbox"/> No offensive or immodest clothing | <input type="checkbox"/> No alcohol, drugs, tobacco |
| Student Initial _____ | <input type="checkbox"/> No boys in girl's sleeping quarters & visa versa | <input type="checkbox"/> Respect and comply with event schedules | |
| | <input type="checkbox"/> No cell phones or portable entertainment systems during structured events | | |

Initial _____ **Failure to comply with these expectations could result in your child being sent home at your expense.**
My child has permission to attend all church sponsored youth activities as listed in calendars and/or Mill Grove UMC News, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Mill Grove UMC prior to that event.

Parent (s)/ guardian signature _____

Student's signature _____