



Discovery Avenue Children's Ministries  
 Rosemount United Methodist Church  
 Medical Release & Permission Form  
 For Children's Ministries  
 activities held at Rosemount UMC

Effective dates: **September 2009 to August 2010**

Name: \_\_\_\_\_  Male  Female

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Year in school \_\_\_\_\_ Email \_\_\_\_\_

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

Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

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

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Family Email \_\_\_\_\_ **(will be added to the Children's email list)**

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if 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.

- Circle the following areas of concern for this student. If necessary, add another page with details:
1. Does your child have allergies to: pollens medications food insect bites
  2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following: Asthma Epilepsy/seizure disorder Heart trouble Diabetes Frequently upset stomach Physical Disability ADD ADHD Aspergers Autism EBD ODD RAD OCD Anxiety/Depression Learning Disability Allergies Genetic Syndrome (e.g. Down)
  3. Date of last tetanus shot: \_\_\_\_\_
  4. Please explain any of the above circled items: \_\_\_\_\_
  5. Direction for medications if needed: \_\_\_\_\_
  6. Should this child's activities be restricted for any reason? Yes No Please explain: \_\_\_\_\_

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

- |                            |   |
|----------------------------|---|
| Respect property           | Respect one another, staff, adult & youth leaders |
| Respect planned activities | Participation with the group is expected          |

Activities may include, but are not limited to: crafts, Bible study, painting, dancing, running, tumbling, scooters, trips to the Camfield Park, basketball, play in the Rosemount UMC Family Life Center. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church Children's Director prior to that event.*

\_\_\_\_\_ has my permission to attend all Vacation Bible  
NAME OF STUDENT

School, Special Children's Ministries programs, Parents' Morning Out, Parents' Night Out and Kids' Activity Classes sponsored by **ROSEMOUNT UNITED METHODIST CHURCH** (hereinafter the "Church") from: **September 2009 to August 2010.**

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. I/We understand that there are inherent risks involved in any ministry or children's event, 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 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 Children's Ministries staff member.

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