



4246 Boynton Drive, Ringgold GA 30736 706-866-2626

Student Ministry Medical Information & Parental Consent Form

Student's First Name *Middle Name* *Last Name*

Birth Date: ____/____/____
Home Phone: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Father's Name: _____
Work/Cell phone: _____
Mother's Name: _____
Work/Cell phone: _____

Additional Emergency Contacts: *(parents will be contacted first)*
Name & Relationship: _____
Phone: _____
Name & Relationship: _____
Phone: _____

Family Doctor: _____
Address & Phone _____
Medical Insurance Co. _____
Name of policyholder _____
Address _____
Policy # _____

I hereby give permission for my child, _____, to participate in the Boynton United Methodist Church enterprise for which he/she is enrolled, and do not hold the enterprise or Boynton United Methodist Church, or any of their representatives, staff or officers responsible for sickness, injury, or death resulting from any physical unfitness of my child to participate in the enterprise activities. In case of medical emergency, I understand every effort will be made to contact a parent or guardian. The information provided below regarding my child's medical history and condition is complete and correct to the best of my knowledge. In the event I cannot be reached and my child becomes ill or sustains an injury while on an authorized and chaperoned outing, I the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid. I hereby give permission to the physician or dentist, licensed under the provisions of the Medical Practice Act, selected by Boynton United Methodist Church representatives, staff or officers, to hospitalize, secure proper treatment for, and to order X-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment, and the administration of drugs or medicine to be rendered to my child, as named above, under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs. I understand that this consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

(Signature of parent or local guardian)

Subscribed and sworn to before me this _____ day of _____, in the year _____
In the State of _____, County of _____

(Signature of Notary Public) My Commission expires: _____

MEDICAL HISTORY / Waiver in lieu of Health Examination

Is there a history of any of the following: (check all that apply)

Asthma _____
Bronchitis _____
Diabetes _____
Dizziness or fainting _____
Seizures _____
Nose Bleeds _____
Hay Fever _____
Heart Trouble _____
Kidney Trouble _____
Sinusitis _____
Stomach Problems _____

Other: _____

If so, please explain:

What medication is prescribed for the preceding condition?

List allergies to:

Drugs/ medications

Food: _____

Insect bites/stings:

Has there been recent illness, surgery, or exposure to contagious disease? _____

Date of last tetanus shot: _____

Do you have any limitations of activity? _____

BUMC YOUTH GROUP COVENANT

I, _____, as a participant on any Boynton UMC activity or trip, agree to conduct myself according to Christian standards at all times, seen and unseen, for the duration of such an event.

I therefore will respectfully abide by the following expectations:

1. I will follow the rules and guidelines established by the youth staff of Boynton UMC for my safety and that of the other participants.
2. I will stay with my assigned group and within designated areas at ALL times.
3. I will abide by the dress code established by Boynton UMC.
4. I will NOT use or bring any tobacco, alcohol, illegal drugs, fireworks or weapons. I understand that illegal activity of any sort will be reported to the appropriate authorities, parents will be notified, and the offender will be removed from the event immediately. I realize that these guidelines have been established to create the best possible Christian experience, while maintaining a safe environment, for all involved in such events. Therefore, I understand that if I do not abide by these expectations, I may be removed from the event and sent home in the care and expense of my parents/guardians.

Finally, as a participant in BUMC events my picture may be taken. By signing this I agree to give permission for such pictures to be displayed by BUMC in promotional materials and/or on the church web site.

Youth Signature /Date _____/_____

Parent/Guardian Signature Date _____/_____