

CONFIDENTIAL
HYDE PARK UNITED METHODIST
Mandatory Health Form

Fall 2009

(Please Print)

Name of Student _____ Date of Birth _____

Address _____ Age _____ Sex _____

City _____ State _____ Zip _____

Home Phone _____ Student Cell Phone _____

Height _____ Weight _____

Social Security Number: _____

EMERGENCY CONTACT PERSON:

Parent/Guardian Name

Address (if different from student)

City _____ State _____ Zip _____

Phone : Home _____ Work _____ Cell _____

ALTERNATE CONTACT PERSON: *(Use someone near the primary contact)*

Parent/Guardian Name

Address (if different from student)

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

The information contained on this Mandatory Health Form is confidential. The information will be disclosed only to those persons who are in need of the information. The form will be kept in a private place and will not be subject to public view.

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If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes No

Name of Insurance Company

Policy # _____ Group #

In whose name is the insurance?

Doctor _____ City _____ Phone

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

HEALTH HISTORY:

Any pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

Any allergies? _____ to

Medications? _____

Hay Fever

Heart Condition

Diabetes

Insect Stings

Epilepsy/Nervous Disorders

Asthma

Frequent Stomach Upsets Physical Disability

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___Any major illnesses during the past years?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions).

Date of last Tetanus shot _____ Contact lenses? ___ Yes ___ No
Any swimming restrictions? ___Yes ___No What?
Any activity restrictions? ___Yes ___No What?

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the health care provider selected by the activity leader or his/her designee to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the HPUM and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold HPUM, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian's Signature Date

Student's Signature (if over 18 yrs. of age) Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was sworn to and subscribed before me this ___day of _____, 20___ by _____ who was personally known to me or produced identification

_____.

Notary Public, State of Florida

**Parent/Guardian Information and Permission Form
Hyde Park United Methodist**

(please print)

Name of Student _____ **Date of Birth** _____

Address _____ **Age** _____ **Sex** _____

City _____ **State** _____ **Zip** _____

Home Phone _____

Grade _____ **School Attending** _____

Student Information and Code of Behavior

Listed below are some of the activities we have planned to offer to the students during the coming year. Initial your approval for your child's involvement in the specific activities listed below:

horseback riding

snow skiing

drama/musical opportunities

water sports

rope course

lock ins/lock outs

participating in the program

playing sports

retreats, camps, mystery trips

service/mission projects

paint ball / laser tag

theme parks

swimming

go-carts

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Please list below all areas of activities you do not want your child to participate in:

- | | |
|----|----|
| a. | e. |
| b. | f. |
| c. | g. |
| d. | h. |

Please note that unless you have listed an activity you do not want your child to participate in, it will be presumed that your child can participate in any youth ministry activity or event.

Rules of Expected Behavior for Each Student**

- | | |
|--|----------------------------|
| 1. No alcohol or drugs permitted. | 5. No smoking. |
| 2. Attendance at meetings mandatory. | 6. No weapons / fireworks. |
| 3. No guys in girls' sleeping quarters.
(and vice versa!) | 7. Follow the rules |
| 4. Follow curfew. | |

****As a parent, I/we have reviewed the rules of the activity and agree that my/our child will abide by them. I/we also acknowledge that if my/our child has to return home early for discipline violations, it will be at my/our own expense.**

Parent or Guardian's Signature

Date

Witness

Date

Participant's Signature

Date

Witness

Date

Please read carefully before signing

**HYDE PARK UNITED METHODIST **
Release and Hold Harmless Agreement**

NAME: _____

ADDRESS: _____

PHONE: _____

In consideration for Hyde Park United Methodist (HPUM) permitting the undersigned's child to participate in its Youth Ministry activities and events, the undersigned do hereby voluntarily agree to release and hold HPUM harmless, and their directors, trustees, officers, agents, servants, employees, leaders, volunteers, representatives, successors, and assigns from all causes of action arising out of any negligent acts or omissions or otherwise which the undersigned and their heirs, personal representatives, administrators, assigns, guardians, wards, or successors may have against any of them for, or on account of, or by reason of the undersigned's child participation in any of the Youth Ministry activities and events of HPUM. This release and hold harmless agreement specifically precludes liability on behalf of HPUM, their directors, trustees, officers, agents, servants, leaders, employees, volunteers, representatives, successors and assigns for any death or personal injury to the undersigned's child, or for damage or loss of the undersigned's personal property, which arise from or are incident to the undersigned child's participation in any of the Youth Ministry activities and events of HPUM.

The undersigned further agrees to abide by the rules and regulations as set forth by HPUM and its Youth Ministry.

The undersigned's consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject(s) of this release during the activity/event to be used, distributed, or shown as HPUM sees fit.

The undersigned consents to occasional transportation in a personal vehicle (other than the church bus) driven by an adult who has been background checked and is an approved driver as listed in the church office.

The undersigned has read the above-stated terms of this Release and Hold Harmless Agreement and understand its meaning and fully and voluntarily agree to its terms.

Parent or Guardian Date

Witness Date

Participant's Signature Date

Witness Date

**As used herein, Hyde Park United Methodist means Hyde Park United Methodist Church in Tampa, Florida, and the Florida Annual Conference of the United Methodist Church.