

Student Medical Release

Pine Forest United Methodist Church
400 Woods Avenue
Dublin, Georgia 31021



Please complete all highlighted areas below:

Student Name: _____ **Date of Birth** _____ **Grade** _____

Mailing Address: _____
Street _____ *City/State* _____ *Zip Code* _____

Cell Phone: _____ **Email:** _____

PRIMARY CONTACT INFORMATION

Parent/Guardian A: _____ **Relationship** _____

Cell Phone: _____ **Email Address** _____

Parent/Guardian B: _____ **Relationship** _____

Cell Phone: _____ **Email Address** _____

PERSONAL CONDUCT COVENANT

Respect: I will treat with dignity and respect

....**all facilities and property** (including following rules established and avoiding vandalism or theft).

....**all others** (including no cursing, swearing, or use of vulgar language).

....**myself** (including abstaining from inappropriate sexual behavior and the use of alcohol, drugs and tobacco)

Participation: I will participate fully in all activities with a positive attitude; this includes that I will be at the appropriate place at the appropriate times for ministry events.

Transportation: I will provide my own transportation and be personally/legally responsible for any individual (youth or adult) that travels with me for any Pine Forest UMC event AND that the representatives of Pine Forest UMC may transport without fault, or liability, if they provide transportation for my student.

Never Alone: I will always be with at least one other person and I will never go in an unauthorized area.

Never at Risk: I will remove myself from unsafe situations, especially in which issues of discipline are compromised.

Never Afraid to Report: I will report, confidentially, all safety concerns and situations in which issues of discipline are being compromised to the Pastor, Director of Music, Children or Youth and/or any adult leader immediately. By law, they are bound to report to the appropriate legal agency for investigation.

I have thoroughly read and completely understand each requirement of this covenant. I will strive to follow all aspects of this covenant throughout my participation with any Pine Forest Youth event or outreach. I am also aware that my failure to adhere to these requirements will result in disciplinary action. This disciplinary action may range from exclusion from activities or constant adult supervision on a particular event to removal from the event (at the expense of parent/guardian), OR exclusion from future involvement in Pine Forest Youth, Youth Choir or other Pine Forest Events.

I have read and am fully aware of all that is expected and required of me as I participate in Pine Forest Youth Events.

Student Name (Printed) _____ **Student Signature** _____ **Date** _____

Parent/Guardian Name (printed) _____ **Parent/Guardian Signature** _____ **Date** _____

HEALTH CONTACT INFORMATION

Family Physician Name: _____ **Office Phone:** _____

Dentist: _____ **Office Phone:** _____

Health Insurance (list here and attach copy of front/back of your card) _____

Rx Medications taken: _____

Any known allergies (food, medicine, etc) _____

Chronic or Special Health Problems: _____

Date of Last Tetanus Shot: _____

MEDICAL RELEASE

Intending to be legally bound for the time of any participation in the Pine Forest Youth Ministry (including Youth Choir) event or trip, I hereby:

1. Give the chaperones authority to consent to such medical or surgical treatment or procedures as he/she may, in their discretion, deem advisable for the youth should the chaperone determine the situation renders it impractical to seek my prior consent to medical or surgical treatments or procedures.
2. Authorize the chaperone to execute whatever documents may be required to consent to medical or surgical procedures for the student.
3. Agree to assume full responsibility and liability for payment of any expenses or charges incurred in connection with medical or surgical treatment or procedures for the student.

Release of Liability and Indemnity: The undersigned student will be participating with other students in any or all off-site events or trips. The undersigned student and their parent/guardian wishes to absolve Pine Forest United Methodist Church, any staff and chaperones from any liability arising from his/her participation.

WITNESS

Intending to be legally bound, I hereby:

- ❖ *Acknowledge my understanding that if there is a risk of injury, illness or other unexpected event affecting the student while s/he is at any event with Pine Forest UMC. I further acknowledge that there is a risk that quality medical care may be unavailable at potential events or trips that I may participate on.*
- ❖ *Agree that the student and his/her parent/guardian are assuming the risk of any injury, illness, or other events affecting myself while at any Pine Forest UMC event or trip.*
- ❖ *Release Pine Forest UMC, its directors, employees, and all persons acting as agents for Pine Forest United Methodist Church from any liability for any damages, injury, illness, or other events which may result from my participation in any event or trip.*
- ❖ *Agree that I will not under any circumstances begin a suit against Pine Forest or any of their agents; I will defend and hold harmless Pine Forest against any loss, damage or claim which Pine Forest may incur or which may be asserted against Pine Forest by myself or anyone else, as a direct result of my participation in any trip or event.*
- ❖ *I represent to Pine Forest United Methodist Church that the undersigned is a living parent or legal guardian of the undersigned youth.*

Printed Student Name *Signature* *Date*

Printed Parent/Guardian Name *Signature* *Date*