

FIRST & LAST NAME	Age	Grade	School	Gender	M	F
_____	_____	_____	_____	_____	_____	_____

HEALTH STATEMENT ... Please fill this out in order that we might be more fully aware of your child's special needs and facilitate any medical attention that might be required while on the event/trip.

Parent or Guardian Name _____ Home Telephone Number with Area Code _____

Full Mailing Address _____

TELEPHONE NUMBERS TO BE USED IN CASE OF EMERGENCY

Name and Work Telephone Numbers with area code: _____

Name and Cell Phone Numbers: _____

Emergency Contact Name and Cell Phone Number **other than a parent**: _____

Physician's Name _____ Physician's Telephone Number _____

RESTRICTIONS ON ACTIVITIES

(please specify) _____

DIETARY NEED

(please specify) _____

MEDICATIONS REQUIRED during event/trip. Give name, purpose, instructions for counselor or director

ARE THERE ANY MEDICATIONS YOUR CHILD SHOULD **NOT** BE GIVEN at event/trip (i.e. aspirin, throat lozenge, laxative, etc)?
If Yes, please specify Yes No

ALLERGIES Tetanus Shots Penicillin Hay Fever Sulfa or other Poison Ivy/Oak
Bee or insect Sting Asthma

Other (please specify) _____

SUBJECT TO Fainting Hyperactivity Headaches Swimmers Ear Sleep Walking
Bed Wetting Cramps Homesickness Nosebleeds Other _____

HAS HISTORY OF OR UNDER CARE FOR Heart Trouble Asthma Bronchitis Diabetes
Athlete's foot ADHD ADD Stomach Ulcer Epilepsy Tonsillitis Other _____

Date of tetanus shot/booster _____ Does child wear hearing aid? _____

Does child wear contact lenses? _____ Does child wear glasses? _____

Swimming Ability: Beginner Intermediate Advanced

Any other information that would help staff better understand and relate to your child and make his/her experience pleasant

THE FOLLOWING INFORMATION IS NECESSARY SHOULD YOUR CHILD NEED TREATMENT

***** PLEASE NOTIFY US IF INSURANCE INFORMATION CHANGES DURING THE YEAR *****

Name of Child _____

Date of Birth _____ County and State of Birth _____

Health Insurance
Policy Name and Number _____

****You must attach a copy of the front and back of your insurance card**

**PARENT / GUARDIAN RELEASE FOR
WILLIAMSON’S CHAPEL UNITED METHODIST CHURCH YOUTH EVENTS/TRIPS**

I/we understand that this experience includes my transportation consent for my child’s travel to and from any event.

I grant permission to the counselors attending the event from Williamson’s Chapel United Methodist Church to seek emergency treatment for my child by a licensed physician or hospital in the case of illness, accident or injury and grant them permission to release any information requested for the completion of medical/surgical or accident claims for my son/daughter.

I further agree not to hold Williamson’s Chapel United Methodist Church or any adult counselors thereof, responsible for any accident or illness that might occur to my son/daughter while attending or traveling to and from the event sponsored by Williamson’s Chapel United Methodist Church.

Parent/Guardian Signature Date

(MUST BE SIGNED IN FRONT OF NOTARY)

Iredell County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____.

Notary Seal

Date: _____

Notary Public Signature

_____, Notary Public

My commission expires: _____

PERSONAL CONDUCT COVENANT

I, _____, covenant with the Adult Youth Ministry Team, youth, and my parent(s)/ Guardian, that my actions will be appropriate during any event which I undertake.

I promise that I will follow all the rules set before me in regards to the event or trip. I will not smoke, vape, use tobacco, use drugs or alcohol, or use cell phones in any inappropriate or illegal manner especially sexting.

I understand if this covenant is broken, I will be reported to the authorities if need be and I will be sent home at my parent’s expense as the counselors deem appropriate.

Student’s Signature Date

Parent’s Signature Date

**CONSENT FOR USE OF PHOTOGRAPHS FOR
PRINT, VIDEO OR WEBSITE MEDIA**

I consent to allow all pictures taken of my minor child, _____, to be used for publicity and/or outreach materials for Williamson’s Chapel United Methodist Church. I hereby indemnify and hold the above organization harmless against any and all claims or damages arising out of taking or use of any pictures or names of said minor child.

Parent/Guardian Signature Date

I **DO NOT** consent to the above use of photographs for print, video or website media.

Parent/Guardian Signature Date