

First United Methodist Church – Siloam Springs, Ark. · Student Ministry

Year Participation Form

2013

I/We give consent for (name of participant) _____ to attend any Student Ministries event sponsored by First United Methodist Church Student Ministries (First UMC – Siloam Springs).

In the event that he/she is injured while under the care of First UMC - Siloam Springs and its representatives, and requires the attention of a health care provider, I/we hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a health care provider.

I/We authorize the disclosure by the health care provider to third parties (including a representative of the First UMC – Siloam Springs) of HIPAA protected health information.

I/We further agree to hold the health care provider, First UMC – Siloam Springs and its representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release and agree to hold harmless the First UMC – Siloam Springs and its representatives from any liability due to accident or injury incurred by my child caused by participation in an event provided, however, such release does not excuse a representative from intentional or grossly negligent misconduct.

I/We understand that the representatives of First UMC – Siloam Springs will make every possible attempt to contact me/us and our student's designated emergency contacts in the event of an injury or other emergency.

I/We affirm that the health insurance information provided is accurate at this date and will, to the best of my knowledge, will still be in force. I/we also affirm that I/we have attached a copy of the front and back of my current health insurance card, which holds all valid and relevant information concerning my health insurance.

I/We understand that I, or my child, may be traveling in 12 passenger vans, 15 passenger vans, people movers, buses, or personal vehicles of First UMC-Siloam Springs adult leaders.

I/We understand that students participating in First UMC – Siloam Springs activities are expected to conform to the rules of conduct, outlined in the children's & youth ministry expectation policies. This includes, but is not limited to: students are expected to participate in all activities and respect the church property; students will not be allowed to possess or use alcohol, tobacco or drugs; be allowed to use profanity, obscenity or vulgarity; and will be expected to abstain from wearing offensive or immodest clothing.

I/We understand that I/we will be responsible for all costs if my/our student needs to be sent home for disciplinary reasons, and have discussed this information with my/our student. He/She agrees to abide by the ministry expectations.

Name of Parents/Guardians (print) _____

Parent/Guardian Signature _____

Student's Name (print) _____

Student's Signature _____

Student & Parent/Guardian Contact Info:

Parent(s) Full Names _____

Student's Full Name _____ Preferred name _____

Student's Birthday ____/____/____ Grade (entering in fall 2009) _____ SSN: _____

Address _____

City _____ State _____ Zip _____

Home No. _____ Parent's Work: _____

Parent's Cell Phone/Other Contact Numbers _____

Student's Cell (If Applicable) _____

Parent/Guardian Primary E-mail _____

Student's Primary E-Mail _____

Are Parents/Guardians on Facebook? Y or N (If Yes, which e-mail do you use? _____)

Is The Student on Facebook: Y or N (If Yes, which e-mail do you use? _____)

Health Issues/Concerns:

Date of last tetanus shot: _____

Do you have any allergies? (pollens, medications, food, insect bites, etc.) Y or N

If yes, please list allergies: _____

Do you take prescription or over the counter medication regularly? Y or N

If yes, please list all meds: _____

Do you have any health issues which might limit your participation in some activities? Y or N.

If yes, what are they? _____

Have you had any major injuries, surgeries or illnesses in the last year? Y or N

If yes, please explain: _____

Do you see a physician regularly for anything? Y or N; If yes, please explain: _____

Doctor/Insurance Information:

Family Doctor/Name of Practice _____

Doctor's Phone _____

Insurance Company _____

Group # _____ Policy # _____

Please attach a copy of the front and back of your insurance card to this form.

Emergency Contact Information (In addition to parents/guardians listed above)

Name: _____ Relationship To Student: _____

Home Phone: _____ Work Phone: _____

Mobile/Other Phone: _____

Please attach additional emergency contact, or medical information