

Annual Medical Release & Permission Form

Skidaway Island United Methodist Church

912-598-8460 ~ 54 Diamond Causeway, Savannah, GA 31411

Effective dates: _____ to _____

Please print in ink and attach a copy of the student's medical insurance card (front & back).

Student's full name: _____ Age: _____ Birthday: _____

Year in school: _____ M ___ F ___ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone number: _____

Medical insurance Company: _____ Policy # _____

Mother's Name: _____ C _____ W _____

Father's Name: _____ C _____ W _____

Emergency contact: _____ C _____ W _____

Physician: _____ Office Number: _____

Dentist: _____ Office Number: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what if, any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student-
___ Good swimmer ___ Fair swimmer ___ Non-Swimmer
2. Does your child have any allergies (i.e. pollens, medications, food, insect bites?) Y ___ N ___
3. If yes, please describe allergy and
treatment _____
4. Does your student suffer from, or has ever experienced, or is being treated currently for the following:
Asthma ___ Epilepsy/seizure disorder ___ Heart Trouble ___ Diabetes ___
Frequently upset stomach ___ Motion sickness ___ Physical handicap ___
5. Date of last tetanus shot _____

6. Does your student wear ___ glasses ___ contact lenses ___ none
7. Please list and explain any major illnesses your student has experienced during the last year: _____

Additional comments: _____

Should this student's activities be restricted for any reason? Please explain:

The above information is true and accurate to the best of my knowledge. I give my student permission to participate in youth and/or children activities. I agree that my student will be informed of any indicated limitations and will abide by them.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, volleyball, softball, baseball, kickball, camping, skiing, snowboarding, hiking, concerts, Bible studies, miniature golf, hayrides, student ministry conferences, rock climbing, lock-ins, mission trips, service projects, small group trips, sleepovers and more. IF you desire to limit your student's participation in any event, please submit your wishes in writing prior to the event.

This consent form gives permission to seek whatever medical attention is deemed necessary. All efforts will be made to contact parents or emergency contacts prior to medical attention. It needs to be clear, however, that the student's best interest and well-being will come first. Should a parent not be able to be reached, medical attention will begin. This permission releases Skidaway Island United Methodist Church and its' staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Skidaway Island United Methodist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our student's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as is deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Skidaway Island United Methodist Church. I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately held responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the family ministries staff.

Parent/Guardian's Name (printed): _____

Parent/Guardian's Signature: _____

Date: _____