



**YOUTH MINISTRY
HEALTH INFORMATION
& LIABILITY RELEASE FORM**

*Hyde Park United Methodist Church
Tampa, Florida*

Fall 2011

Name of Child _____ DOB _____

Street Address _____

City _____ ST _____ ZIP _____ Home Phone _____

Current Grade _____ Current Age _____ Sex _____ Social Security # _____

Parent Contact Information:

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Parent Email Address _____

Medical Information:

Allergies to food or drugs: _____

Chronic Illnesses: _____

Drugs and/or Medicines currently being taken: _____

When are they taken: _____

Minor is permitted to take Tylenol or Advil for headache: Yes _____ No _____

Minor is permitted to take _____ for fever.

Minor is permitted to take _____ for cold and flu symptoms.

Is Minor subject to motion sickness? Yes _____ No _____ if yes, medication permitted to take _____

Family Physician: _____ Phone _____

Insurance Company: _____

Policy # _____ Group # _____

Name of Insured: _____ Phone: _____

Parent or Legal Guardian (print or type name) _____

Address, City, State and Zip: _____

Work Phone: _____ Home Phone: _____

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

DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY
This form good for one year from date notarized.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was sworn to and subscribed before me this ____ day of _____, 20__ by _____ who is personally known to me or produced identification _____

Notary Public, State of Florida Seal _____

Rules of Expected Behavior for Each Student

1. Attendance at meetings, activities and fundraisers.
2. At camp, on retreats, at lock-ins, or on mission trips –
No guys in girls' sleeping quarters at any time (and vice versa!)
3. No smoking, alcohol or drugs permitted.
4. No weapons/ fireworks at any time at any event.
5. Follow curfew and all stated rules.
6. Respect any and all counselors, leaders, chaperones and volunteers.

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.

Please read carefully before signing

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

PARENT NAME:

STUDENT NAME:

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.

Media Release - The undersigned consents 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**

Student'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.