

**St. Mark's United Methodist Church Student Ministries
Medical Release/General Permission Form**

Name _____ Date of Birth _____
(last) (first) (middle) Date _____
Address _____ Home Phone _____
City/Zip _____ Student Phone _____
Social Security # _____
School you attend _____ Grade _____
Email Address _____
Mother/Guardian Name _____ Work Place _____ Work # _____
Address (if different from above) _____
Email _____ Cell Phone _____
Father/Guardian Name _____ Work Place _____ Work # _____
Address (if different from above) _____
Email _____ Cell Phone _____

Emergency Contact

Name _____ Daytime Phone _____
Name _____ Daytime Phone _____
List any medications, foods, insect stings or other things to which you are allergic _____

Medications currently taking _____
List any health problems or concerns _____

Medical Insurance Company (please attach copy of Health Plan card if available)
Name _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Policy # _____ Identification or group # _____
Physicians name _____ Phone _____
Dentists name _____ Phone # _____

In the event of an emergency or non-emergency situation in which medical treatment is required we will contact one of the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment considered appropriate.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to permit appropriate medical care (nder recommendations of qualified medical personnel).

I understand that St. Mark's United Methodist Church does not carry accident or medical insurance on those youth and/or adults participating. I agree that my insurance company will be used for such medical care, and I am aware that the medical provider for any medical treatment not covered by my insurance may bill me. I understand that if I do not have medical insurance coverage I am responsible for the payment of any medical bills.

Parent/Guardian Name (please print) _____ Parent/Guardian Signature _____ (to be signed in presence of a notary)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____

Signature of Notary Public

My commission expires: _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

**General Permission Form
And
Rules of Behavior for Trip Participants**

As parent/legal guardian of _____, I give my permission for his/her involvement in activities and events of St. Mark's United Methodist Church of Murfreesboro, TN.

I consent to the use of any video images, photographs, audio recording or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as St. Mark's UMC sees fit. For no, please initial here_____

I understand that all reasonable safety precautions will be taken at all times by St. Mark's United Methodist Church and its agents during the events or activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk for the subject of this form.

All students and adults are expected to follow these rules of behavior. Failure to abide by this code may result in the individual being required to call their parents/guardians to pick them up at parent/guardian expense.

- 1) Respect the property of our church, the places we visit and other people's belongings.
- 2) At not time be in possession of or be under the influence of illegal drugs, alcohol or tobacco products during any Youth event.
- 3) Show respect for each other by listening, loving and nurturing at all times.
- 4) Participate fully in all attended events and abide by group decisions.
- 5) Reflect Christ to all who see us (NO public display of affection, NO physical or verbal fighting, NO profane or obscene language).
- 6) Clothing should be modest and appropriate. No shirts that advertise use of alcohol, illegal drugs or tobacco products should be worn.

The subject and I have reviewed the rules of behavior together and agree that the subject of this release will abide by them. We also acknowledge that if the subject of the release has to return home early for discipline violation(s) it will be at my expense.

Parent/Guardian Name (please print)_____

Parent/Guardian signature_____

Student Name (please print)_____

Student signature_____