



STUDENT MEDICAL RELEASE

STUDENT CONTACT INFORMATION

Student Name: _____ Date of Birth: ____/____/____ Grade: _____

Mailing Address: _____
(address) (city) (zip)

Student's e-mail: _____ Student's Cell: _____

PRIMARY CONTACT INFORMATION

Parent/Guardian A (Primary Emergency Contact) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian B (Secondary Emergency Contact) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address(es): _____

PERSONAL CONDUCT COVENANT

- **Respect:** *I will treat with dignity and respect...
...all facilities and property (including following all rules/regulations established and avoiding vandalism or theft)
...all others (including no cursing, swearing, or use of vulgar language)
...myself (including abstaining from inappropriate sexual behavior and the use of alcohol, drugs & tobacco products)*
- **Participation:** *I will participate fully in all activities with a positive attitude; this means, in part, that I will always be at the appropriate place(s) at the appropriate time(s) at all ministry events.*
- **Transportation:** *I will always provide my own transportation and be personally and legally responsible for any individual (adult or youth) that travels with me for any SHOUT event (unless transportation is provided by Hempfield UMC).*
- **Never Alone:** *I will always be with at least one other person and I will never be in an unauthorized area.*
- **Never at Risk:** *I will remove myself from unsafe situations and situations in which issues of discipline are being compromised.*
- **Never Afraid to Report:** *I will report, in confidence, all safety concerns and situations in which issues of discipline are being compromised to the Hempfield UMC staff, director of youth ministry, and/or any adult leader immediately.*

I have thoroughly read and completely understand each requirement of this covenant. I will strive to follow all aspects of this covenant throughout my participation with any SHOUT Youth Ministry, Hempfield UMC event. I am also aware that my failure to adhere to any of these requirements will result in disciplinary action. This disciplinary action may range from exclusion from activities or constant adult supervision on the particular event, to removal from the event (at the expense of parent/guardian), or exclusion from future involvement with SHOUT Youth Ministry, Hempfield UMC.

I have read the above and am fully aware of all that is expected and required of me as I participate with SHOUT Youth Ministry, Hempfield UMC.

Student Name (printed)	Student Signature	Date
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Parent/Guardian Name (printed)	Parent/Guardian Signature	Date
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HEALTH CONTACT INFORMATION

Family Physician: _____ Phone: _____

Health Insurance: _____

(Company)

(Member/ID Number)

Medications: _____

(medications must be kept in original container with label intact)

Allergies (medicine, food, other): _____

Special health concerns: _____

Date of last tetanus shot: _____

2011/2012 MEDICAL RELEASE

Intending to be legally bound for the time of any participation in any Hempfield UMC/SHOUT Youth Ministry event or trip, I hereby:

- 1.) Give the chaperones authority to consent to such medical or surgical treatment or procedures as he/she may, in his/her sole discretion, deem advisable for the youth should the chaperone determine the situation renders it impractical to seek my prior consent to medical or surgical treatments or procedures.
- 2.) Authorize the chaperone to execute whatever documents may be required to consent to medical or surgical treatment or procedures for the youth.
- 3.) Agree to assume full responsibility and liability for payment of any expenses or charges incurred in connection with medical or surgical treatment or procedures for the youth.

2011/2012 LIABILITY AND INDEMNITY RELEASE

Background: The undersigned youth will be participating, together with other youth of SHOUT in any or all off-site or on-site events or trips. The undersigned youth and parent wish to absolve Hempfield UMC and SHOUT Youth Ministry and chaperones from any liability arising from participation.

WITNESSETH

Intending to be legally bound, I hereby:

1. Acknowledge my understanding that there is a risk of injury, illness, or other unexpected event affecting the youth while at any event with Hempfield United Methodist Church. I further acknowledge that there is a risk that quality medical care might be unavailable at any event or trip with Hempfield United Methodist Church.
2. Agree that the youth and parent/guardian are assuming the risk of any injury, illness, or other events affecting the youth while at any Hempfield United Methodist event or trip.
3. Release Hempfield United Methodist Church, its directors, employees and all persons acting as agents for Hempfield United Methodist Church (the "Released Parties") with it from any liability for any damages, injury, illness, or other events which may result from the youth's participation in any trip or event.
4. Agree that I will not under any circumstances begin a suit against any of the Released Parties, and agree to defend and hold harmless the Released Parties against any loss, damage, or claim which the Released Parties may incur or which may be asserted against the Released Parties by the youth or anyone else, as a result of the youth's participation in any trip or event.
5. Represent to Hempfield United Methodist Church that the undersigned is a living parent or legal guardian of the undersigned youth.

Student Name (printed)

Student Signature

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date