

Name: _____

Grade: 5 6

Graduation Year: 20____



STUDENT HEALTH FORM/RELEASE

Permission to Participate in Activities: I hereby give permission for the student named above ("my student") to participate in events and activities sponsored by Cokesbury UMC. ("CUMC") This permission extends to all activities that my student attends, both upon CUMC premises and off premises. To the extent any activities involve travel from CUMC and/or overnight accommodation, I give permission for my student to ride in transportation and stay in overnight accommodations provided or arranged by CUMC.

It is CUMC's policy to minimize instances in which a student rides in a vehicle with only one adult. I understand, however, that depending on the nature of the activity, the needs of the ministry in which my child is involved and various other factors, it may be necessary from time to time for my student to ride in a vehicle with only one adult. I hereby give permission to CUMC for my child to ride in a vehicle with only one adult, when it is deemed necessary by CUMC's ministerial staff, employees and volunteers.

I further acknowledge and understand that by signing this permission form, my student will be permitted to participate in all activities on any event, unless I or another authorized parent, guardian or legal representative of my student provides CUMC a written request that my student not participate in specific activities. I also acknowledge that it is my responsibility to make CUMC ministerial staff and volunteers aware of any physical and/or medical limitations or conditions my student may have that may require special assistance or exemption from any activities.

Consent to Medical Treatment: In the event of a medical emergency, I give permission to CUMC, its ministerial staff, employees and volunteers to make arrangements to obtain medical treatment for my student at a medical facility without need for further consent or permission from me. I further authorize CUMC to provide the health insurance information specified on this form to any medical providers rendering treatment to my student.

Release of Claims: I, on my own behalf, hereby release and discharge CUMC, its ministerial staff, employees, agents and volunteers, of and from any and all liability and claims for damages of any kind and nature that I may have or that may accrue as a result of my student's participation in CUMC events. This release is to be regarded as binding upon any and all persons who may assert claims on behalf of my student arising from such activities to the fullest extent allowed under Tennessee law. I further agree to personally hold CUMC harmless and to indemnify it for any and all liability and expenses, including attorney fees and litigation expenses, it may incur as a result of claims and actions brought on behalf of my student or anyone else, arising from my student's participation in a CUMC activity.

Permission to Publish: I grant permission for CUMC to use photographic and videographic depictions of my student, as well as audio recordings of my student's voice for electronic and print publications. I also give permission for CUMC ministerial staff, employees and volunteers to friend, follow and/or otherwise communicate with my student via the Internet or through other means of electronic communications, specifically including, but not limited to, social media sites. I understand that my student is not required to participate in any form of electronic communications and may opt out or refuse to do so at any time.

Signature

Date

GENERAL INFO

Student Birthday: ____/____/____ Gender: M F Student Cell: _____

Student Address: _____ City, St. Zip: _____

Parent 1 Name: _____ Parent 1 Number: _____

Parent 2 Name: _____ Parent 2 Number: _____

Parent Email (where to send info): _____

Known Medical Conditions and Allergies: _____

Regular Medications: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

INSURANCE INFO

Policy holder: _____ Insurance ID#: _____

Name of Insurance Company: _____

Employer: _____ Employer Phone #: _____