



**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. Please indicate here: \_\_\_\_\_

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Please include the names of medications and dosages that your child takes on a regular basis: \_\_\_\_\_

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Circle the following areas that apply for this child:

1. For your child’s safety and our knowledge, is your child a:

- good swimmer                       fair swimmer                       does not swim/cannot swim

2. What is your child allergic to?

- pollen                       medications                       food                       insect bites

Please explain allergy & allergic reaction in detail: \_\_\_\_\_

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3. Does your child suffer from, has ever experienced or is being treated currently for any of the following:

- asthma                       diabetes                       heart trouble                       epilepsy/seizure disorder
- physical handicap                       severe headaches                       frequently upset stomach

Other? \_\_\_\_\_

4. Approximate date of last Tetanus shot: \_\_\_\_\_

5. Does your child wear:

- eye glasses                       contact lenses                       oral retainer                      mouth piece

6. Extra info: \_\_\_\_\_

## Permission Form

\_\_\_\_\_ has my permission to attend all youth activities and to ride with all adult chaperones to activities and events and trips sponsored by **First United Methodist Church of Monticello, Arkansas.**

### Medical Release

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First United Methodist Church of Monticello, AR, and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events organized by First United Methodist Church of Monticello, AR. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release First United Methodist Church of Monticello, AR, 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 child'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 deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the 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 acknowledge that we will be ultimately 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 child named above. **I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the church ministries staff member(s).**

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consent for a child to be photographed or videoed**

I \_\_\_\_\_ give First United Methodist Church “FUMC” permission to photograph or video my child \_\_\_\_\_ during all FUMC events and activities. I furthermore give permission for FUMC to put appropriate pictures on facebook, instagram, other social media outlets, in the newspaper, in the church newsletter and on the bulletin board at church.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_