



**Medical Release, Permission Form,
Media Release, and Conduct Covenant**

Please print in ink

Student Name: _____ Gender: Male Female Date of Birth: _____
 LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Cell _____

Father's name _____ Phone: Home _____ Cell _____

Emergency contact _____ Phone: Home _____ Cell _____

Physician _____ Office phone _____

Dentist _____ Office phone _____ Current GRADE _____

Medical History

Check the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have allergies to—
 pollens medications food insect bites

If Yes, Please List: _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap other: _____

3. Date of last tetanus shot: _____

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events and participate in all activities and programs being organized by Brentwood United Methodist Church (hereafter "BUMC"), which may involve either travelling in church owned vans or in other busses or private vehicles. I/We understand that there are inherent risks involved in any ministry or athletic event, program, or activity, and I/we hereby release BUMC, 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 BUMC, 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 also 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 student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

I have legal authority to sign this permission, release, and consent to medical treatment. I will keep informed of the church sponsored activities for my child. If I do not want my child to accompany the group or participate in any specific church sponsored activity, I will take sole responsibility to see that my child does not attend or participate in the activity.

This authorization shall be effective continuously from the date hereof until cancelled by written notice by BUMC. Please note that it is the responsibility of each parent, guardian, or managing conservator to update this information as the need arises.

Parent/Guardian signature: _____ Date: _____

Media Release

I, the undersigned, hereby consent to the use of any videotapes, photographs, slides, audiotapes/CDs, or any other visual or audio reproduction in which my child aforementioned may appear by BUMC. I understand that these materials are being used for promotion of the Student Ministry of BUMC, which includes recruitment and fund raising efforts. I release BUMC from any liability connected with the use of my child's picture, voice, or video recording as part of any event, program, or activity sponsored by BUMC.

Parent/Guardian signature: _____ Date: _____

Conduct Covenant

For your information, we expect each student to conform to these rules of conduct when participating in any event, activity, or program sponsored by the Student Ministry of BUMC.

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Remain on the BUMC property once dropped off for any event, activity, or program occurring on the BUMC campus
- Respect the property of BUMC and one another
- Respect one another, staff, and adult leaders
- Respect and comply with event, program, and activity schedules

Students who fail to comply with these expectations will be required to call home and may be sent home at their parents' expense.

I have read the conduct covenant and agree to abide by these rules when participating in any event, program, or activity sponsored by the Student Ministry of BUMC. I understand that if by signing this, I am agreeing to be held accountable for my actions and to help hold others accountable to this covenant.

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Notary Signature

Parent/Guardian signature: _____

Subscribed and sworn to me on this _____ day of _____, 20_____.

NOTARY PUBLIC, My commission expires _____

Today's Date: _____