Crossroads Student Ministry
Student Medical History & Release Form

Participant's name _____ Gender Identity: Male/Female/Non Binary

Participant's email: _____

Date of birth _____ Current Grade _____

Home Address _____ City_____ State_____ ZIP _____

Parent/Legal Guardian's name _____ Work Phone ( ) _____

Home Phone ( ) _____ Cell phone ( ) _____

Health Insurance Co. _____ Policy No. _____

Family Physician _____ Phone( ) _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken? (Yes/No)

If parent/guardian can't be reached in an emergency, please contact:

Name _____ Home phone ( ) _____

Work Phone ( ) _____ Cell ( ) _____

The following information is required to ensure that your student's individual needs are met while attending Crossroads UMC. Information is confidential and will be made available only to staff, adult counselors, and medical professionals, i.e., those people who are directly responsible for your child's well being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For their safety and well-being, no child will be allowed to attend without a completed and signed Consent/Medical Authorization.

Date of student's last tetanus shot _____

Please list any physical or behavioral conditions that the program staff and adult counselors should be aware of (sleepwalking, epilepsy, diabetes, fainting, depression, eating disorders, asthma, etc.)
Please be specific so that we can provide the best care for your child: _____

_____

_____

Is your student allergic to any food, medication or insect bites? (Yes/No) If yes, please list particular allergy and probable reaction: _____

_____

_____

Is your student currently taking any medication? Yes _____ No _____

If yes, please list all medications that your child will be bringing including complete instructions for administering:

_____

_____

_____

May the staff/adult volunteer administer the following to your student if needed: aspirin (yes/no), aspirin substitutes (yes/no), eye ointments (yes/no), antihistamine or decongestant (yes/no), motion sickness medication (yes/no), laxative or anti-diarrhea medication (yes/no), antibacterial or antibiotic ointment (yes/no), insect bite or poison oak ointment (yes/no).

Specific directions: _____

_____

Does your child require special diet? _____

_____

Medical Release and Permission Paragraph

(Student's name) _____has my permission to attend events with Crossroads UMC Student Ministry. I understand that the various events may involve physical activity, manual work and recreational activities, and I acknowledge that reasonable measures will be taken to safeguard the health and safety of all participants. In case of a medical emergency, I hereby authorize calling a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of any emergency affecting my child.

I agree to indemnify and hold harmless Crossroads UMC, its officers, agents, volunteers and employees from any and all claims, damages, expenses or injuries arising out of or incident to my or my child's participation in this Project, unless such loss or injury results directly from the neglect or willful act of an officer, agent, volunteer or employee of Crossroads UMC acting within the scope of his/her employment.

_____ _____

Parent/Guardian's Name Date

You have my permission to use photographs or videos in which my child appears for Crossroads UMC for sharing events with the congregation and publicity purposes.

_____ _____

Parent/Guardian's Signature Date