

HILLSIDE FREE METHODIST CHURCH
2727 CRAWFORD AVENUE
EVANSTON, IL 60201
847-328-7182
www.hillsidefree.com

Rev. Dr. Mark Taylor, Senior Pastor
Rev. Maiya Lueptow, Associate Pastor

YOUTH PERMISSION, MEDICAL RELEASE, AND TRANSPORTATION FORM
SEPTEMBER 1, 2008 – AUGUST 31, 2009

PLEASE PRINT:

YOUTH LAST NAME: _____ FIRST NAME: _____

CURRENT GRADE (circle one): 6th 7th 8th 9th 10th 11th 12th Other: _____

BIRTHDATE: _____ EMAIL _____

ADDRESS: _____ HOME PHONE: _____

CELL PHONE: _____

Medical Insurance Carrier _____ Policy # _____

Mother's Name _____
Home # _____ Work # _____ Cell # _____

Father's Name _____
Home # _____ Work # _____ Cell # _____

Emergency Contact _____ Relationship _____
Home # _____ Work # _____ Cell # _____

Emergency Contact _____ Relationship _____
Home # _____ Work # _____ Cell # _____

Physician _____
Office Phone # _____

Dentist _____
Office Phone # _____

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. Submit this notification in writing and attach it to this form. **SEE PAGE 2.**

Circle the following areas of concern for this youth. If necessary, add a separate page with details:

1. For your child's safety and our knowledge, is your child a: *good swimmer* *fair swimmer* *non-swimmer*

2. Does your child have allergies to: *pollens* *medications* *food* *insect bites*

Explain: _____

3. 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*

Explain: _____

4. Date of last tetanus shot: _____

5. Does your child wear: *glasses* *contact lenses*

6. Please list and explain any major illnesses the child experienced during the last year: _____

7. Has this child ever had any broken bones? Yes No

If yes, explain: _____

8. Has this child ever had any surgery? Yes No

If yes, explain: _____

Should this child's activities be restricted for any reason? Yes No

If yes, explain: _____

Additional comments: (include a list of any medications and the dosage the child may be taking)

For your information, we expect each youth participant to conform to these rules of conduct during all Hillside Free Methodist Church sponsored activities.

No possession or use of alcohol, drugs or tobacco or any other illegal substance.

No weapons, fireworks, lighters, explosives or other dangerous materials.

No fighting.

No offensive or immodest clothing.

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.

Participation with the group is expected.

Respect property.

Respect one another, staff and adult leaders.

Language, behavior, and attitude will be consistent with the Christian faith.

Respect and comply with event schedules.

No disruptive behavior while riding in the church vehicle or other designated vehicles used for transportation.

Activities may include, but are not limited to: cookouts, swimming, bowling, movies, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. NOTE: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Youth Director prior to that event. **SEE PAGE 3.**

I have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities, Sunday worship, and other church related fellowship events. I agree to abide by the stated personal limitations and code of conduct.

YOUTH WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENTS' EXPENSE!

Youth Signature: _____ **Date:** _____

(Name of Youth) _____ has my permission to attend all youth related, Sunday worship and fellowship activities sponsored by Hillside Free Methodist Church of Evanston, IL.

I/we give permission for my child to be transported to and/or from youth ministry programs, Sunday worship and other church related events in the church vehicle or other vehicles driven by adult chaperons selected by the Hillside Free Methodist Church in accordance with church Transportation Policy guidelines.

I/We the undersigned have legal custody of the youth named above, a minor, and have given my/our consent for him/her to attend events being organized by Hillside Free Methodist Church of Evanston, IL. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Hillside Free Methodist Church of Evanston, IL its pastors, youth directors, 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.

This consent form gives permission to seek whatever medical attention is deemed necessary for my child, and release the Hillside Free Methodist Church of Evanston, IL, its staff, and any volunteers of the youth ministry of any liability against personal losses of named child. I/we give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution and the like. 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 Hillside Free Methodist Church of Evanston, IL. 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 I/we will be ultimately responsible for the cost of any medical care should the cost of the 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 youth director, youth ministries staff member or volunteer worker.

I/we also grant the Hillside Free Methodist Church unrestricted rights to use, alter, and reproduce any images (still and video) from any events, in any medium without compensation.

Signature: _____ **Relationship to Youth:** _____

Date: _____

Signature: _____ **Relationship to Youth:** _____

Date: _____