

**Student Ministry  
2019-2020**

**ISLE OF HOPE  
UNITED METHODIST CHURCH  
HEALTH/PERMISSION FORM**

**Please fill out completely and return to Isle of Hope UMC Church Office.  
Students will not be allowed to participate in activities without this form. This includes visitors.**

Name \_\_\_\_\_ Preferred name \_\_\_\_\_

Age (September 1 2019) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender **M** or **F**

Social Security # \_\_\_\_\_ Parent's Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Home \_\_\_\_\_

Emergency Contact other than parents: Name \_\_\_\_\_ Phone \_\_\_\_\_

1. Please check any of the following that apply to the applicant:

Bronchitis \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Seizures \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Other: \_\_\_\_\_

2. List any allergies such as poison ivy, poison oak, bee stings or medication to which you are allergic: (describe)

3. Do you have any special dietary requirements? (Describe) \_\_\_\_\_

4. Are you currently taking any medications? (Describe and what for) \_\_\_\_\_

5. Are you currently under a physicians care? (Describe) \_\_\_\_\_

6. Are there any other medical or special needs that may occur while you are under the church's care?

7. Date of last Tetanus shot: \_\_\_\_\_

8. Do you carry family medical insurance? \_\_\_\_\_ Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Attach a copy of your current insurance to this form. This is required.**

**A Medical Doctor's Statement may be needed for special situations.**

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

**YES\_\_NO\_\_ I give my permission for the IOHUMC to seek and provide care for my child in case that any need arises (first aid and/or medical including natural disasters).**

**YES\_\_NO\_\_ I give permission for my child to be photographed and for photos to be used for ministry and/or promotional purposes.**

**I give permission for my student \_\_\_\_\_ to participate in any and all on and off campus activities during the 2019-2020 IOHUMC Student Ministries (Middle & High School) year.**

**Parent Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Honor Code\*\***

As a good steward and to preserve my witness, I agree to protect, care for and be responsible for the property of the place at which I stay and/or meet. I also agree to abide by any and all rules, and understand the Church Staff reserves the right to send any person or group home who jeopardizes the purpose of the event for others by misconduct. As a representative of Christ and His Church, I take seriously my responsibility for the well-being of the total community.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_