

Fairhope United Methodist Church

Student Ministries

EMERGENCY RELEASE FORM

155 South Section Street
Fairhope, Alabama 36532
251-928-1148

I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of _____, a minor, and have given consent for him/her to participate in the Student Ministry at Fairhope United Methodist Church. In the event that he/she is injured attending any event of this ministry and requires the attention of a doctor, I/we consent for such medical treatment and/or surgery to be given and performed to and upon my child as appears to be reasonably necessary in the exercise of prudent medical judgment of a licensed doctor of medicine (i.e. M.D.). In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent I/we hereby authorize the Rachael Waldhour, Director of Student Ministries and/or other representative of Fairhope United Methodist Church to give such consent for us if I/we cannot be reached by telephone at one of the numbers below, or, because of emergency, there is not time or opportunity to make a telephone call and understand that I will be contacted as soon as possible. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent so as the treatment is administered by or under the supervision of a licensed physician. In this regard, it is understood that any medical, hospital and/or surgical expenses which may be incurred as a result or treatment recommended by any such doctor will be borne by me/us. **Starting in the fall of 2014, this Emergency Release Form will not expire but WILL NEED to be updated if any of the below information changes!**

Further, I/we affirm that the health insurance information provided below is current and accurate:

SIGNATURE OF PARENT OR GUARDIAN

PRINT NAME

EMERGENCY INFORMATION:

Student Name _____

Address _____

Parent's Name _____ Telephone _____

Work Phone _____ Cell/Other Phone _____

Email _____

Student Social Security Number _____ Student Date of Birth _____

Doctor's Name _____ Doctor's Phone Number _____

Dentist's Name _____ Dentist's Phone Number _____

List of Allergies _____ Date of Last Tetanus Shot _____

List of any medication required _____

List and describe any chronic medical conditions or history (attach additional documents if necessary): _____

Permission to give Tylenol: Yes/No _____ Advil: Yes/No _____

Health Insurance Coverage _____ Policy No. _____

Person to contact in emergency if parents cannot be reached:

Name _____ Phone Number _____

STATE OF ALABAMA

COUNTY OF BALDWIN

SUBSCRIBED and SWORN TO before me on this _____ day of _____, 201__

NOTARY PUBLIC _____

Fairhope United Methodist Church Youth Ministries

Covenant of Conduct

In all meetings, retreats, or other events under the sponsorship or guidance of my church, I am a representative of that Christian community and I am responsible for my actions, I understand and agree to abide by the following guidelines:

1. I will share the love of Jesus in as many ways as possible at any time possible.
2. I will not bring or use any illegal drugs, alcohol or tobacco.
3. My conduct and talk will be in keeping with the highest Christian regard and respect for all persons. I will not use profanity or obscene language.
4. I will obey all Youth Staff and Adult Chaperones at all times.
5. As I am able, I will participate in all discussions and/or activities.
6. I will dress appropriately. All bathing suits, t-shirts, etc. will be proper and appropriate.
7. I will keep the area used for the meeting, retreat, or any other event clean. I will respect the vans or other transportation as well as the overnight accommodations. I will take care to leave all properties in their original condition.
8. I will travel with the group on all trips, unless specified differently. I will use a seat belt in any vehicle.
9. I will ride (if transportation is necessary) with the group to our destination. I will not drive a personal vehicle unless I give a written note of permission from a parent or guardian to the Youth Leader for the event.
10. All PDA (public displays of affection) will be in keeping with the highest Christian regard and respect for all persons. When one puts complete attention on another individual, wonderful friendships and great lessons will be missed.
11. I will leave all iphones, ipods/ipads and or any other electronic devices at home, unless it has been ok'd to have them!

As a minimum the first violation of any of these rules will result in a warning. The second offense will result in a phone call to the parents. ***Should conditions warrant or violations continue, the youth will be sent home at the parents' expense.***

I, the undersigned, have read and do understand the Covenant of Conduct above. To the best of my ability, I agree to abide by it.

Signature of Youth _____ Date _____

Age _____ DOB _____ Grade _____ School _____

Permission to publish picture(s) of youth on web or in printed literature: Yes/No

I, as parent or legal guardian, understand and agree to uphold the policies of Fairhope United Methodist Church Youth Ministry with my student while he/she participates in any meeting, event, trip, or retreat. Also, I understand that I am responsible for all damages incurred to property or person resulting from the actions of the above named student.

Signature of Parent _____ Date _____