

MEDICAL INFORMATION FORM/TREATMENT PERMISSION FORM

(all information is confidential)

First United Methodist Church, St. Joseph, MI

Name of Participant (Please Print): _____

Address: _____ City: _____, MI Zip: _____

Phone: _____ Birth Date: _____ Grade in School: _____

Emergency Contact Person (other than guardian): _____

Relation to Participant: _____ Phone: _____ Cell Phone: _____

Physician's Name: _____ Office Phone: _____

Medical Insurance Company: _____

Policy #/Contract #: _____

Family history of bleeding? Yes ____ No ____ Date of last tetanus shot: _____

Any allergies to food or medication? Yes ____ No ____ If yes to either question, please explain:

Present medications: _____ (attach sheet if necessary)

Special Health Concerns: _____ (attach sheet if necessary)

Adult Signature _____ Date _____

Please attach a copy of your Health Insurance Card (Front & Back)

Parent/guardian, please complete this part of the form for minors:

Name of Parents/Legal Guardians: _____

Address: _____ City: _____, MI

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____

In case of minor accident or minor illness, I hereby give the staff, youth workers, and any other designated leader of the First United Methodist Church of St. Joseph, Michigan, permission to give my child over the counter medications as needed. This may include, but is not limited to non-aspirin pain relievers, cold medicines, cough drops, etc.

In case of accident or serious illness, I hereby authorize the staff, youth workers, or any other designated leader of the First United Methodist Church of St. Joseph, Michigan, to secure medical treatment as necessary for the welfare of my child listed above. This includes receiving medical care from any hospital or physician while participating in a function on or off church grounds. I also understand that someone from the church will try to contact a parent and/or the physician named below to alert him/her of the situation.

Parent/Guardian Signature: _____

Witness Signature: _____

Date signed: _____ Duration: Please check one - Single event Calendar year

____ Yes ____ No - Permission granted to St. Joseph First UMC to use photo or video images of child for promotional purposes.

STANDARDS OF CONDUCT

Teenager's Form

As a participant in First United Methodist Church activities, each person will refrain from the following:

alcohol	tobacco	illegal drugs
vulgar language	vulgar music	disrespect toward leaders
indecent behavior	immoral behavior	disrespect toward others
guns	knives	weapons
hitting	fighting	pornographic magazines

You will be expected to be polite, kind, obedient, and helpful. These standards are intended to help create a good atmosphere for Christian fun and spiritual growth. Please understand that disregard for these standards will not be tolerated and that we reserve the right to correct, and/or send you home at your expense, if these standards are not followed.

As parent/guardian, I have discussed the standards of conduct with my teen and we both agree to the standards set above. I also agree to pay for the expenses of having my teen sent home if he/she does not abide by the standards mentioned above.

Name of Teen: _____

Parent/Legal Guardian's Signature: _____

Teen's Signature: _____

Date: _____