**First United Methodist Van Wert Youth Ministry (FUMYM)**

**Participant Information/Emergency Medical Form for 2015-16**

Why we need this form……

* This information helps us to keep you informed about what’s happening in FUMYM throughout the year.
* Your COMPLETE medical/emergency information helps us to ensure your safety at all of our events and filling out this form will save you and your parents from filling it out over and over again throughout the year !
* IMPORTANT: PLEASE NOTIFY Demond or Teresa IF ANY OF THE INFORMATION CHANGES DURING THE 2015-16 SCHOOL YEAR.

***TEEN INFORMATION: (use address where you want information sent)***

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP:\_\_\_\_\_\_\_\_\_\_\_\_ dob: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Home Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Teen’s Cell Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Cell Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to text? YES / NO

Teen’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt size:\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Mother’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Cell Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to text? YES / NO

Mother’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_Cell Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to text? YES / NO

Father’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teen lives with (check one): \_\_\_\_Mother and Father \_\_\_\_Mother only \_\_\_\_Father only

\_\_\_\_\_ Mother and Stepfather Stepfather’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Father and Stepmother Stepmother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Guardian(s) Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***In case of emergency and parents/guardian cannot be reached, please list 2 people to contact:***

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship to Teen Phone

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship to Teen Phone

**Check the following areas of concern for this student.** If necessary, add another page with details

1. For your child’s safety and our knowledge, is your student a:

⃞ good swimmer ⃞ fair swimmer ⃞ non-swimmer

2. Does your child have any allergies (i.e. pollens, medications, food, insect bites)?

⃞ Yes ⃞ No If Yes, please describe allergy and treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is your child on any medications: ⃞ Yes ⃞ No please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. 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 ⃞ Headaches

⃞ frequently upset stomach ⃞ physical handicap ⃞ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date of last tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does your child wear ⃞ glasses ⃞ contact lenses ⃞ none

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Should this child’s activities be restricted for any reason? Please explain (use separate sheet for more space) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**We expect each student to conform to these rules of conduct**

No possession or use of alcohol, drugs, tobacco, weapons, fireworks, lighters, or explosives

No students can drive a group of students to any FUMYM event outside of the church

No fighting or profanity

Participation with the group is expected

Respect property, one another, staff, and adult leaders

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student’s Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to attend all youth activities

**NAME OF STUDENT**

sponsored by FUMYM from September 1, 2015 through August 31, 2016

Parents Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This includes all FUMC ACTIVITIES AT THE CHURCH AND ON OUR SHORT AND LONG TERM TRIPS INCLUDING MISSION TRIPS OUT OF STATE.**

**Emergency/Medical Release Form**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Part I or II must be completed – Only fill one section out!**

Full Name of Teen:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I *AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT***

In the event reasonable attempts to contact me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian), at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone number) OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(alternate phone), or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(other parent/guardian) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone) have been unsuccessful, I, as the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(teen’s name) do hereby give my consent for First United Methodist staff, or an adult representatives of the First United Methodist Youth Ministry Program **(1)** to seek medical attention and treatment deemed necessary by:

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(preferred physician) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone) and/or

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(preferred dentist) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

**(2)** I give permission to transfer my child to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians or dentists concur on the necessity for such surgery is obtained prior to the performance of such surgery.

**Health Insurance Carrier:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Policy Holder:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy/Group/Member/Claim Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please list any medical conditions, allergies, medications, special physical or dietary needs, etc., that we should be aware of:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*I give permission for the FUMYM staff/volunteers to administer the following otc medication in proper dosages to my teen if necessary: Please check Demond next to each otc medication if permission is given.*

*\_\_\_\_\_*Acetaminophen-Tylenol \_\_\_\_\_\_Ibuprofen- Advil \_\_\_\_\_\_ Benadryl \_\_\_\_\_\_ PeptoBismal

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**PART II *REFUSAL TO CONSENT FOR EMERGENCY MEDICAL TREATMENT***

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the First United Methodist Youth Ministry staff/adult representative to take no action or to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature**

**FUMYM Opportunities to get Involved**

**Available Resources for Activities:**

⃞ Van ⃞ Truck/Trailer ⃞ Jet Ski/Boat ⃞ Tent

⃞ Cabin ⃞ pond/pool ⃞ home ⃞ Other \_\_\_\_\_\_\_\_

**Volunteer Opportunities:**

⃞ Driver/Transportation ⃞ Phone calls ⃞ Serve/prepare food

⃞ photography/videography  ⃞ Shopping ⃞ Web/Facebook update

⃞ Provide Scholarships ⃞ Fundraiser team ⃞ Prayer

⃞ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is for parents to answer:**

Check the ministries that you would like to be active with:

⃞ Drive for Angel Tree deliveries ⃞ Host a super bowl party

⃞ Help organize the Thanksgiving feast ⃞ Organize nursing home visits

⃞ Help with Operation Christmas shoebox ⃞ **5th Quarter Volunteer**

⃞ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is for the student to answer:**

Check the ministries that you would like to be active with:

⃞ Child care during worship ⃞ Visit Nursing homes ⃞ Scripture reader for worship

⃞ Usher during worship ⃞ Photography during events ⃞ Help plan mission trip

⃞ Sing/play instrument during worship ⃞ Organize music files on computer

⃞ Other things I haven’t thought of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra-curricular activities the student is involved in:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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