GLEN MAR UMC 2020 MISSION TRIP
PERMISSION AND MEDICAL RELEASE FORM

Name of participant: _____ Age:_____ Grade:_____ Gender:_____

Name of parent(s)/guardian (if applicable): _____

Address: _____

Participant's Cell Phone: _____ Parent's Cell Phone (if applicable): _____

Participant's Email Address: _____

Emergency contact: _____ Relationship: _____

Emergency Phone: _____ Alternate phone: _____

MEDICAL HISTORY (Please mark all that apply)

- ☐ Dietary Restrictions: _____
- ☐ Asthma
- ☐ Autism Spectrum Disorder
- ☐ Seizure Disorder
- ☐ ADD/ADHD
- ☐ Diabetes
- ☐ Joint Problems
- ☐ Substance Abuse
- ☐ Past head Injury
- ☐ Back/Neck Injury
- ☐ Learning Disability
- ☐ Undergone surgery
- ☐ Chronic/Recurring Illness
- ☐ Mononucleosis (12 Mos.)
- ☐ Other Conditions or Behavioral Concerns: _____ _____ _____

Does the participant have any FOOD allergies? Please List:

_____

Does the participant have any allergies to any types of medications? Please List:

_____

Has the participant ever sought professional help for mental/emotional issues? ***If yes, please explain and/or Contact Trip Leader:***

_____

Please indicate if the participant is currently taking any medication (or will be) during activities. Please list:

_____

Date of Last Tetanus Shot: _____ Is participant covered by medical insurance? Yes No

Name of insurer: _____ Policy & group number: _____

PERMISSION RELEASE

I, the undersigned, grant permission for me or my above named child to attend and participate in activities sponsored by Glen mar United Methodist Church (GMUMC). Information recorded on this form will be stored in secure files until shredded. In the year of its use, only church staff leadership and designated adults will have access to the information. I give consent for photographs and/or videos, in which my child may appear, to be used in any way GMUMC may care to use them.

In Case of Emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give GMUMC permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by GMUMC. I give permission for those administering emergency treatment to do so. I absolve GMUMC from liability in acting on my behalf in this regard so long as GMUMC is not grossly negligent.

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Glen Mar United Methodist Church. The undersigned represents the he/she has legal custody of the named child and has the authority to sign this authorization.

_____ _____ _____

Participant Signature **Parent/Guardian Signature** **Date**