

**Please fill out both sides.
Effective 8/31/2016 to 8/31/2017.
Please print in ink.**

Contact Information

Last name First name Middle name

Preferred name Birth date / / Male Female

Youth email address Youth cell phone

Emergency contact name Emergency cell phone

Address City State Zip

School Graduation year

Emergency contact (parent or guardian)	Name	Phone
Emergency contact (non-parent or guardian)	Name	Phone
Medical insurance company	Policy #	
attach a copy of both sides of your child's insurance card		
Mother's name	Work phone	Cell
Father's name	Work phone	Cell
Physician	Office phone	
Dentist	Office phone	
Medical History		

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

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- fair- non-swimmer
2. Does your child have allergies to pollens medications food insect bites other
3. Does your child suffer from, or has ever experienced, or is being treated currently for the following: asthma epilepsy / seizure disorder heart trouble diabetes frequently upset stomach physical handicap
4. Date of last tetanus shot: / /
5. Does your child wear glasses contact lenses
6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

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Should this child's activities be restricted for any reason? Please explain:

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive except for family members
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Our liability insurance does not allow the use of scooters, skateboards, roller skates, roller blades, in-line skates, wheeled shoes, or bicycles to be used on the church premises

I, (STUDENT SIGNATURE) _____ have read and agree to abide by the above rules of conduct.

Students who fail to comply with these expectations may be sent home at their parents' expense.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Associate Pastor prior to that event.*

(NAME OF STUDENT) _____ has my permission to attend all youth activities sponsored by the Los Altos United Methodist Church ("Church") hereinafter from September 1, 2016 to August 31, 2017.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministries staff member.

Parent/guardian signature: _____ Date: ____ / ____ / ____

Parent/guardian signature: _____ Date: ____ / ____ / ____