



# 2019-2020 Student Information/ Medical Release Form

In the 2019-2020 school year:

\_\_\_\_\_ Middle School (7-8)

\_\_\_\_\_ High School (9-12)

What school do you attend?  
\_\_\_\_\_

### PERSONAL CONDUCT COVENANT

**Respect:** I will treat others with dignity and respect...

...**all facilities and property** (including all rules/regulations established and avoiding vandalism or theft)

...**all others** (including no cursing, swearing or use of vulgar language)

...**myself** (including abstaining from inappropriate sexual behavior and the use of alcohol, drugs and tobacco products)

**Participation:** I will participate fully in all activities with a positive attitude; this means, in part, that I will always be at the appropriate place(s) at the appropriate time(s) at all ministry events.

**Transportation:** I will always provide my own transportation and be personally and legally responsible for any individual (adult or youth) that travels with me for any SHOUT event and will hold Hempfield UMC, SHOUT and its representatives and staff without fault, nor liable, if they are providing transportation for my child.

**Never Alone:** I will always be with at least one person and I will never be in an unauthorized area.

**Never at Risk:** I will remove myself from unsafe situations and situations in which issues of discipline are being compromised

**Never Afraid to Report:** I will report, in confidence all safety concerns and situations in which issues of discipline are being compromised to the Hempfield UMC staff director of youth ministry, and or any adult leader immediately.

### STUDENT CONTACT INFORMATION

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(address) (city) (zip)

**Student email:** \_\_\_\_\_ **Student Cell:** \_\_\_\_\_

### PRIMARY CONTACT INFORMATION

Parent/Guardian A (Primary Emergency Contact)

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_  
(address) (city) (zip)

**Email address:** \_\_\_\_\_

### SECONDARY CONTACT INFORMATION

Parent/Guardian B (Primary Emergency Contact)

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_  
(address) (city) (zip)

**Email address:** \_\_\_\_\_

*I have thoroughly read and completely understand each requirement of the covenant on this page. I will strive to follow all aspects of this covenant throughout my participation with any SHOUT Youth Ministry or Hempfield UMC Event. I am also aware that failure to adhere to any of these requirements will result in disciplinary action. This disciplinary action may range from exclusion from activities or constant adult supervision on the particular event to removal from the event (at the expense of parent/guardian) or exclusion from future involvement with SHOUT youth ministry and Hempfield UMC.*

**I have read the above statement. I am fully aware of all that is expected and required of me as I participate with SHOUT Youth Ministry and Hempfield UMC.**

Student name (printed)

Student Signature

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

<p><b>MEDICAL INFORMATION</b></p> <p>Family Physician: _____</p> <p>Phone Number: _____</p> <p>Medications: _____ _____</p> <p>(medications must be kept in original container with label intact)</p> <p>Allergies: _____ _____</p> <p>Other Special Health Concerns: _____</p>	<p><b>INSURANCE INFORMATION</b></p> <p>Do you have health insurance?</p> <p>Yes _____ No _____</p> <p>Insurance Company: _____</p> <p>Policy Number: _____</p> <p>Group Number: _____</p> <p>In whose name is the insurance?</p>	<p><b>2019/2020 MEDICAL RELEASE</b> <i>Intending to be legally bound for the time of any participation in any Hempfield UMC/ SHOUT Youth Ministry event or trip, I hereby:</i></p> <ol style="list-style-type: none"> <li>1) Give the chaperones authority to consent to such medical or surgical treatment or procedures as he/she may, in his/ her sole discretion, deem advisable for the youth should the chaperone determine the situation renders it impractical to seek my prior consent to medical or surgical treatments or procedures.</li> <li>2) Authorize the chaperone to execute whatever documents may be required to consent to medical or surgical treatment or procedures for the youth</li> <li>3) Agree to assume full responsibility and liability for payment of expenses or charges incurred in connection with medical or surgical treatment or procedures for the youth.</li> </ol>
<p><b>LIABILITY AND INDEMNITY RELEASE</b></p> <p><b>Background:</b> The undersigned youth will be participating, together with other youth of SHOUT in any or all off-site or on-site events or trips. The undersigned youth and parent wish to absolve Hempfield UMC and SHOUT Youth Ministry and chaperones from any liability arising from participation.</p>		

**WITNESSETH**

*Intending to be legally bound for one year (365 days) from the date listed below, I hereby:*

- 1) Acknowledge my understanding that there is risk of injury, illness, or other unexpected event affecting the youth while at any event with Hempfield United Methodist Church. I further acknowledge that there is risk that medical care might be unavailable at any event or trip with Hempfield United Methodist Church.
- 2) Agree that the youth and parent/guardian are assuming the risk of any injury, illness, or other events affecting the youth while at any Hempfield United Methodist event or trip.
- 3) Release Hempfield United Methodist Church, its directors, employees and all persons acting as agents for Hempfield United Methodist Church (the "Released Parties") with it from any liability for any damages, injury, illness, or other events which may result from the youth's participation in any trip or event.
- 4) Agree that I will not under any circumstances begin a suit against any of the Released Parties, and agree to defend and hold harmless the Released Parties against any loss, damage, or claim which the Released Parties may incur or which may be asserted against the Released Parties by the youth or anyone else, as a result of the youth's participation in any trip or event.
- 5) Represent to Hempfield UMC that the undersigned is a living parent or legal guardian of the undersigned youth.
- 6) Agree that Hempfield UMC and its representatives may use my image, like-ness and representation to promote, report and advertise.

<b>Student name (printed)</b>	<b>Student Signature</b>	<b>Date</b>
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<b>Parent/Guardian Name (printed)</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
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