

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. Please indicate here: _____

Please include the names of medications and dosages that your child takes on a regular basis: _____

Check the following areas of concern for this child:

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

good swimmer

fair swimmer

does not swim/cannot swim

2. What is your child allergic to:

pollens

medications

food

insect bites

Please explain: _____

3. Does your child suffer from, has ever experienced or being treated currently for any of the following:

asthma

diabetes

heart trouble

epilepsy/seizure disorder

physical handicap

severe headaches

frequently upset stomach

4. Approximate date of last Tetanus shot: _____

Does your child wear:

eye glasses

contact lenses

oral retainer/mouth piece

Permission Form

_____ has my permission to attend all youth activities sponsored by First Methodist Church of Stuttgart, Arkansas.

Medical Release

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 child named above, a minor, and have given our consent for him/her to attend events 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 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 child named above. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the youth ministries staff member(s).

Parent/Guardian signature: _____ Date: _____

Witness: _____ Date: _____

PARENTAL PERMISSION FORM
FOR USE OF PHOTOS IN PUBLICATIONS AND/OR ON
stuttgartfmc.org
OR FMC YOUTH MINISTRIES FACEBOOK PAGE

Dear Parent or Guardian:

It is our practice when preparing work for church publications or on the Internet, to seek parental permission before including your child's photo. In order to include your child's photo, we must have your signed permission. Last names of children will not be used on Internet or in the publications.

Please review the information, sign it, and return.

Child's Name: _____

Parent or Guardian Signature: _____

Date: _____

For your protection and privacy, we ask your permission to use your child's picture in publications and/or on the Internet, should we desire.

☐ I give my permission to use my child's picture on the Internet and/or in church publications.

☐ Do not use my child's picture on the Internet or in church publications.

PARENTAL PERMISSION FORM

I give permission to the following person(s) _____
_____ to contact my child(ren) via text message.

I understand that this a waiver of the rule relating to one-on-one texting from staff, ministry leader, or volunteer leadership to child that is listed in the FMC Safe Sanctuary policy.

I also understand that I may revoke this waiver at any time by notice in writing to the First Methodist Church Pastor.

Child's Name: _____

Parent or Guardian Signature: _____

Date: _____