

# STUDENT MINISTRY MEDICAL FORM 2018-2019 SCHOOL YEAR

ST. JOHN'S UNITED METHODIST CHURCH 6611 Proctor Rd. Sarasota, FL. 34241 941.925.2661

**STATEMENT OF POLICY:** Your child will be covered by St. John's comprehensive insurance policy during church organized activities and St. John's will be liable for your child while under the supervision of the staff and adult volunteers. All children will be transported to and from the activities in a vehicle driven by an adult 21 years of age or older. If your child needs to leave the activity early in his or her own vehicle or with someone other than his or her parent or custodian, the written consent of the parent or custodian will be required. At the scheduled conclusion of the activity, the parent or custodian is required to provide transportation from St. John's Church to home. Participants and their parents or custodians must consent to and acknowledge that during the event, the child will be under the supervision of the staff or adult volunteers and that the child will be expected to follow the instructions and directions of the staff and adult volunteers. *Inappropriate behavior by a child will result in the parent or custodian being contacted to pick the child up during the activity.*

My son/daughter's picture can be used for website, social media, and promotional materials \_\_\_\_\_  
(Parent Initials)

## Consent to Participate and Medical Care Authorization

State of Florida, County of Sarasota

I, \_\_\_\_\_, parent/custodian of \_\_\_\_\_,  
date of birth: \_\_\_\_\_, hereby authorize my child to participate in the student activities of St. John's United Methodist Church and I further authorize the staff and adult volunteers of St. John's United Methodist Church to obtain any and all medical and/or emergency care which, in their opinion, is needed by my child during these activities. I agree and understand the Statement of Policy set forth above and understand that inappropriate behavior by my child will result in my being contacted to pick up my child during the activity.

PARENT/GUARDIAN CONTACT IN CASE OF EMERGENCY OR BEHAVIOR PROBLEM:

Day/Business Phone: \_\_\_\_\_ Eve/Home Phone: \_\_\_\_\_

IF PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE NOTIFY:

Name and Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Printed Name Date

ACKNOWLEDGEMENT OF STUDENT

I understand and agree to be bound by the above Statement of Policy.

\_\_\_\_\_  
Student Signature Date

TO BE COMPLETED BY NOTARY PUBLIC:

The foregoing Consent to Participate and Medical Care Authorization was acknowledged before me this \_\_\_\_\_ day of, 20\_\_\_\_\_, by \_\_\_\_\_ who is personally known to me, or has produced (type of identification) \_\_\_\_\_ as identification and did not take a oath.

Notary Public (signature): \_\_\_\_\_

Name of Notary (printed): \_\_\_\_\_

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## HEALTH RECORD

FULL STUDENT NAME \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Has there been a recent exposure to contagious disease? \_\_\_\_\_

If yes, what and when \_\_\_\_\_

*Please list allergies, reactions or health concerns:*

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*Any history of: Congenital deformity or major disability?* \_\_\_\_\_

Describe: \_\_\_\_\_

Chronic infection of nose, throat, ears or sinus? \_\_\_\_\_

Asthma? \_\_\_\_\_ Tendency to faint? \_\_\_\_\_ Seizures \_\_\_\_\_ Sleep Walking? \_\_\_\_\_

Convulsive Seizures/Epilepsy? \_\_\_\_\_ Sleep Walking? \_\_\_\_\_

Bed wetting? \_\_\_\_\_ Athlete's foot? \_\_\_\_\_

Has girl menstruated? Yes \_\_\_ no \_\_\_

Any recent operations, serious injuries or illness? \_\_\_\_\_ Describe \_\_\_\_\_

Other: \_\_\_\_\_

*List present medications:* \_\_\_\_\_

What restrictions, if any, should be observed?

Tetanus inoculation date: \_\_\_\_\_

(Student **must** have had series of DPT, DT or Tetanus booster in past five years.)

Please attach copy (front/back) of health insurance card. Insurance Card attached? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Completed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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