







Boston Avenue United Methodist Church Children & Youth
Medical & Transportation Release Form

Medical History Cont.

Please list any ongoing medication and dosage your child is taking.

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

- Good Swimmer, Fair Swimmer, Non-Swimmer

Does your child have allergies to:

- Pollens, Medications, Food, Insect Bites, Other

Does your child experience any of the following:

- Asthma, Heart Conditions, Frequently Upset Stomach, Diabetes, Seizures, Learning Disabilities, Anxiety/Depression, Physical Disability or Mobility Limitation, Autism Spectrum Disorder, Other

Please explain any checked boxes below:

If necessary, please attach an additional page with details about any questions.

Hope Wiggs
Children's Ministries: 1st-5th Grade
918.699.0121
hopewiggs@bostonavenue.org

Keith Bethell
Youth Ministries: 6th-12th Grade
918.699.0132
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Rev. EvaMarie Campbell
Director, Lifelong Faith Formation
918.699.0120
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Medical Release

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snow boarding, hiking, biking, Bible studies, golfing, miniature golf, and hayrides. Note: if you desire to limit your child's participation in any event, please submit your wishes in writing to the appropriate church staff person prior to that event.

NAME OF STUDENT \_\_\_\_\_ has my permission to attend all Boston Avenue activities sponsored by Boston Avenue United Methodist Church (hereinafter the "Church").

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 appropriate staff member.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Instructions for digital signatures: Download and open the PDF with Adobe PDF Reader (signatures will not be available in "Preview" mode). Click the "Tools" tab at the top of the page and select "Fill & Sign." Click the "Sign" icon on the toolbar and select "Add Signature." Select "Draw," sign your name in the pop-up box, and click "Apply." Click the signature line in the document to insert your signature.

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## Transportation Release

I understand the transportation to and from the event will be by church van. I agree that the church will not be held responsible in case of incident or accident. In case of emergency or overflow, I understand that the transportation to and from the event will be by private car with approved adults driving. I agree that neither the Church nor the driver will be held responsible in case of incident or accident.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Conduct oneself as a representative of the Boston Avenue Church Community and its values, respecting each other's differences and contributions
- Respect one another, staff and adult leaders, property, and comply with leader directives or requests
- Respect and comply with rules and event schedules
- Participation with the group is required
- Only adult leaders are allowed to drive
- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives

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

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Boston Avenue activities. I agree to abide by the stated personal limitations and code of conduct.

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

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## Media Release

I give my permission for any image, comments, performance, or video footage involving my child to be used in the following ways:

- Photographs and/or Video
- Church Newspaper & Newsletter
- Flyers, Brochures, & Other Postings in Building
- Social Media

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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