

New Beginnings UMC Student Medical Information

Date: _____

Name: _____ Age _____ Birthday _____

M _____ F _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Medical Insurance Company _____ Policy/Group# _____

Policy Holder _____

Mother's Name _____ C: _____ W: _____

Father's Name _____ C: _____ W: _____

Guardian's Name _____ C: _____ W: _____

Emergency contact _____ C: _____ W/H: _____

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

CHURCH HISTORY

Please Circle the one that best describes your affiliation with New Beginnings UMC:

Member

Attend Regularly

Visitor

- If you are a visitor and are affiliated with another church , please list church name and city below:



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.

Circle 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 swimmer fair swimmer non-swimmer
2. Does your child have allergies to-
 pollens medications food insect bites/stings other:

Please Explain:

- 3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy/seizure disorder heart condition diabetes
 frequently upset stomach physical handicap hay fever Other

Please Explain:

4. Date of last tetanus shot: _____

5. Does your child wear: glasses contact lenses

6. Please list any major illnesses the child experienced during the last 12 months:

7. Please list name, dosage, and time taken of any medications that must be taken:

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

We, the undersigned , have filled out this form to the best of our knowledge and authorize New Beginnings UMC, staff, and trip leaders to have access to this information to be used for preventative and emergency purposes.

Name _____ Date _____

Signature _____

*** If Your child should require medical attention for injuries received or illnesses contracted prior to activity, please send the necessary information and medications so that we may give him/her proper medication attention during his/her time with the church activity.***

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

- 1. No possession or use of alcohol, drugs, or tobacco
- 2. No student may transport other youth to/from events
- 3. No fighting, weapons, fireworks, lighters, or explosives
- 4. No offensive or immodest clothing
- 5. No offensive behavior or language is permitted
- 6. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- 7. Participation with the group is required
- 8. Respect property
- 9. Respect one another, staff, and adult leaders
- 10. Respect and comply with event schedules, rules, and guidelines
- 11. Above all seek to act in a way which represents Christ's loving-kindness to all people and created things

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