

St. John's United Methodist Church
311 E. University Ave.
Georgetown, TX 78626
(512) 863-5886
Youth Ministries

Medical/Release Form (This form will be in effect until June 1. 2004).

Name of Student _____

Sex: M F (circle one) Age: _____ Date of Birth: ' _____ Grade: _____
(as of Sept. 1st)

Parent(s) or Legal Guardian _____

PHONE (Work) _____ (Home) _____ (Cell) _____

ADDRESS _____
Street City State Zip

E-MAIL ADDRESS _____

List all health restrictions (allergies, medical or dietary needs) _____

List ALL medications this student is taking

Physical Limitations

Medical Insurance Co. _____ **Policy #**

We do not have medical insurance D

Ins. Co. Address & Phone

Emergency Contact (Name & Phone)

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY

I, _____ PARENT OR GUARDIAN OF _____,
A MINOR, HEREBY AUTHORIZE STAFF AND ADULT VOLUNTEER WORKERS WITH YOUTH TO CONSENT
TO ANY MEDICAL EXAMINATION, X-RAY, ANESTHETIC, MEDICAL, OR SURGICAL DIAGNOSIS OR
TREATMENT AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY, AND IS RENDERED UNDER THE
GENERAL OR SPECIFIC SUPERVISION OF ANY PHYSICIAN OR SURGEON.

I UNDERSTAND THAT REASONABLE EFFORT WILL BE MADE TO ENSURE THE SAFETY OF MY MINOR,
AND I HEREBY RELEASE ST. JOHN'S UNITED METHODIST CHURCH, ITS STAFF AND VOLUNTEERS
FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR DAMAGE TO PROPERTY.

I ALSO AUTHORIZE OVER THE COUNTER MEDICATIONS SUCH AS TYLENOL. ADVTJL MOTRIN.
ANTACIDS, SUDAFED. ROBITUSSIN. BENADRYL OR SWIMMER'S EAR SOLUTION TO BE ADMINISTERED
TO MY SON/DAUGHTER WHEN NECESSARY UNLESS ALLERGIC AS LISTED ABOVE.

Signature of Parent or Legal Guardian

Date

Relationship to Student

St. John's United Methodist Church
Youth Ministries

COVENANT

I agree to:

1. Help build a Christ-centered youth group. I will practice spiritual disciplines, like prayer and worship, Bible study, fellowship and service, to foster my own spiritual growth. I will strive to be a servant leader in the mission and ministry of St. John's, and I will be an example to others by acts of mercy and compassion.
2. Respect others. I understand that respect is a two-way street, and I am willing to stand up for the rights of others. My actions represent St John's UMC.
3. Be safe. I understand that safety is everybody's responsibility. I will not put others' well being at risk. I will take responsibility for my own safety by wearing a seat belt during travel, by following the advice of Clint Eastwood ("Strength in numbers, " and "One alone is easy prey."), and by following verbal instructions.
4. Have fun. I will help create a time and place where youth will want to bring friends, and where we can model the Christian life for others.
5. Participate. I understand that, as followers of Jesus, we are in this together, everybody has something to contribute, and no one gets left behind.
6. Avoid inappropriate language. I will wear appropriate dress (excludes beer slogan T-shirts, for example). I will not use name-calling or profanity, and I will avoid sexist or racist language. I will not use my words to hurt others.
7. Refrain from hitting, pinching, or otherwise perpetrating physical harm. I agree to utilize more evolved social skills in dealing with others. I understand that hands are not meant for hurting.
8. Avoid inappropriate public displays of affection (PDA's). I will not participate in behavior that excludes other members of the group. I will not act out personal dramas (make a scene) that would embarrass someone else.
9. Be encouraging, positive, and honest. I will try to be solution-oriented. I realize that I will be accepted for who I am, where I am, and that I should show the same consideration for others. I will not be "judgmental." I will take responsibility for myself and not make excuses: "I did then what I knew how to do, and when I knew better, I did better."

Youth Signature

Parent/Guardian Signature

Date

TRANSPORTATION POLICY

I give permission to St. John's UMC Youth Director, Youth Sponsors or Parents, age 25 and older with proper license and insurance, to transport my son/daughter to any youth events off-campus of St. John's UMC.

Parent/Guardian Signature

Date

PUBLISHING INFORMATION POLICY

I give permission to St. John's UMC to publish my son/daughter's picture and name on St. John's Youth website, in the church newsletter, and/or in the Student Directory.

I do NOT give permission to have my son/daughter's picture to be published. D

Parent/Guardian Signature

Date