



# Shiloh Student Ministries 2020-2021 Release Form

## Student's Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## Parent/Gradian Information

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Insurance Information

Insurance Information Carrier or Plan Name: \_\_\_\_\_

Group#: \_\_\_\_\_ Carrier's address: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Insurance I.D. #: \_\_\_\_\_

## **Parent/Guardian Authorization:**

I, the undersigned parent/guardian, give permission for the above named to participate in church-sponsored youth events during the 2020-2021 year and adjacent summers. I recognize and acknowledge that youth activities can involve certain hazards including, but not limited to, illness, injury, COVID-19, and accidents, and release Shiloh Wesleyan Church from liability. I hereby certify that the information above is correct. IN CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to notify me or the emergency contact above. If unable to be reached, I hereby give my permission to the chaperone(s) of the activity to contact my physician, or another physician if the above named medical professional is unavailable. I grant permission to that physician to hospitalize, order injections, administer amnesia, perform surgery, or seek other emergency medical treatment, including ordering x-rays or routine tests, for the participant named above. I hereby give permission to the designated medical provider to offer routine healthcare and administer all medications, including non-prescription (over-the-counter) drugs. The following health history is correct and complete to the best of my knowledge. I agree to the release of any records necessary for insurance purposes. This completed form may be photocopied for trips off the church property.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## **Photo/Video Release:**

I understand that while participating in church-affiliated events, photographs and videos may be taken of me and/or my child. By signing below, I am acknowledging this and agreeing to allow Shiloh Wesleyan Church to use these photos/videos for display and promotion.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## **Allergies:**

List all known allergies including those involving medication, food, insects, asthma, hay fever and other allergies. Describe reaction and management of reaction.

Allergy	Reaction and Management
_____	_____

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**Transportation Release:**

I, the undersigned parent/guardian, give permission for the above named to be transported to and from the scheduled off-site youth event, by a driver approved by Shiloh Wesleyan Church. I understand that one-on-one driving situations will be only permitted with prior written or verbal permission, specific to the given event. I also understand that any abusive, disruptive behavior and/or language while riding the vans of Shiloh Wesleyan Church may constitute my child(ren) being sent home. These types of actions will result in my child losing transportation privileges. This form must be filled out to be permitted on the bus.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Participant's Covenant:**

As a participant in the Shiloh Youth activities, I the undersigned, will cooperate with the leaders of the program. I will involve myself with church-sponsored youth activities offered. I will not bring any type of weapon(s), or use any form of alcohol, tobacco, or drugs (except for prescribed medical purposes). I will behave as a Christian person. I understand that I cannot leave a youth activity early without written parental/guardian permission and prior communication with the youth leaders. I understand failure to comply can result in removal from Youth events.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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

**Temperature:**

I, the undersigned parent/guardian, give permission for the above named to have their temperature taken prior to participating in any event at Shiloh Wesleyan Church or any church-sponsored event. I understand that the participant's temperature will be recorded and may be shared with medical professionals and/or Brotherhood Mutual Insurance should a problem arise. I understand that if a temperature of 100.4 is recorded, the participating will not be allowed to attend or participate in the event.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Medication:**

Please list ALL medications, including over the counter or non-prescription drugs, taken routinely. Please bring emergency medications (inhaler, Epi pen, etc.) to all youth activities, and bring routine medications as needed. Keep medication in the original packaging/bottle that clearly identifies the prescribing physician (if a prescribed drug), the name of the medication, the dosage and frequency of administration.

Upon arrival for overnight events, all medications must be checked in with the adult leaders.

No medications taken on a routine basis.

Medications taken as follows. Attach additional pages, if necessary.

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

**Health History** (circle all that apply):

- |                      |                         |                                 |
|----------------------|-------------------------|---------------------------------|
| Epilepsy or seizures | Frequent ear infections | menstrual problems              |
| Asthma               | Frequent sore throats   | Headaches                       |
| Heart Disease        | Back pain or strain     | Alcohol/drug addiction ADD/ADHD |
| Diabetes             | COVID-19 Positive Test  |                                 |

**Special Needs/Restrictions:**

Explain any restrictions to activity (including necessary adaptations and limitations) and provide any additional information that will enable us to create a healthy, helpful environment for the participant. Please include: recent injuries or illnesses, medical conditions requiring treatment (i.e. surgery, overnight hospital stays, ongoing conditions, etc.), behavioral/learning challenges and suggested disciplines, emotional needs/concerns, hearing or visual impairments, bedtime habits or any special routines. \_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_