

THE REFUSE STUDENT MINISTRY

Dauphin Way UMC

1507 Dauphin St. Mobile AL 36604

Phone: 251-471-1511

www.dauphinwayumc.org

The following information will be kept on file at the church and a copy taken with us on out of town events in case there is ever a need for your child (dependent) to receive medical attention. Information should be updated each August.

Student's Name _____ Today's Date _____

Address _____ Home Phone _____

Student Cell Phone _____ Student email address _____

Age _____ Birth Date _____ Grade In/Completed _____ Sex (circle) Male Female

Father _____ Work Phone _____ Cell Phone _____

Address (if different from youth) _____

Mother _____ Work Phone _____ Cell Phone _____

Address (if different from youth) _____

Parent email address _____

Guardian _____ Work Phone _____

In the case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Student Social Security # _____

Hospital Insurance [] Yes [] No Policy Number _____

Name of Primary Insured _____ Name of Insurance Company _____

Insurance Company Telephone Number _____

****Please attach a copy of the front and back of your insurance card to this form.****

List Date of Last Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if Child has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Allergies: _____

Other Important Medical Information: _____

I (we) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

PERMISSION and RELEASE

Dauphin Way UMC (together with their respective officers, employees and agents) and each volunteer assisting them are collectively designated by the abbreviation "DWUMC" throughout this entire form and the term "DWUMC" shall refer to them individually as well as collectively

I (we) hereby authorize DWUMC to take my (our) child to the before named physician, facility or to a facility out of town if on a youth sponsored trip, for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so. I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by DWUMC. I (we) hereby authorize DWUMC to transport my (our) child to or from church and/or any other church related and sponsored activities and events. I (we) authorize DWUMC to include my (our) child in routinely supervised water activities. I (we) hereby authorize DWUMC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital. I (we) hereby do authorize DWUMC to dispense to my (our) child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary. I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond. The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs. I (we) hereby release, forever discharge and agree to defend and hold harmless DWUMC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with DWUMC. I (we) (and on behalf of my (our) child/) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further authorization and permission is hereby given to DWUMC to furnish any necessary transportation, food, and lodging for my (our) child. The undersigned further hereby agrees to hold harmless and indemnify DWUMC from and against any claim against or loss incurred by DWUMC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto. The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by DWUMC at its office at 1507 Dauphin St Mobile, Al. I (we) acknowledge and agree that it is my (our) responsibility to notify DWUMC of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

Parent/Legal Guardian Date Parent/Legal Guardian Date

Name _____ State of _____ County of _____

Sworn and subscribed before me this _____ day of _____,

Notary Signature _____

THIS FORM MUST BE NOTARIZED IN ORDER TO BE VALID IN AN EMERGENCY

THE REFUGE STUDENT MINISTRY
Dauphin Way United Methodist Church

STUDENT COVENANT OF CONDUCT

In all meetings, retreats or other events under the sponsorship or guidance of my church, I am a representative of that Christian community and I am responsible for my actions. I commit to the following:

I will not use or possess illegal drugs, alcoholic beverages, tobacco, or explosive devices.

I will use conduct in keeping with the highest Christian regard and respect for all persons.

I will participate in all group activities.

I will dress in good taste. For swimming & water-play activities I will wear a modest one-piece bathing suit or tankini if I am female, or swim shorts if I am male.

I will not use my cell phone on trips or during youth functions without the permission of an adult leader.

I will make certain that the area used for meetings, retreats or other event shall be left clean.

I will travel with the group on all trips, unless specified differently.

I will keep all PDA (public displays of affection) in keeping with the highest Christian regard and respect for all persons.

Student Signature _____

Today's Date _____

Age _____ Date of Birth _____ Grade _____

School Attending _____

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YOUTH MEDIA AND PHOTO RELEASE FORM

The undersigned parent/guardian does agree to grant The Refuge Student Ministry permission to record by photo or by video, his or her student at Youth events. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) (i.e. website, Facebook, mail-outs, videos) made by The Refuge Student Ministry.

Parent/Guardian Signature

Student's Signature