



St. Luke's United Methodist Church
100 West 86th Street
Indianapolis, IN 46260
Phone: 317.846.3404
Fax: 317.844.1034

Student Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_
Address \_\_\_\_\_ Year in school \_\_\_\_\_ Sex: M or F
Father's Name \_\_\_\_\_ phone-home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_
Mother's Name \_\_\_\_\_ phone-home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_
Relationship to Youth \_\_\_\_\_
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_
Name of Insured \_\_\_\_\_ Relationship to student \_\_\_\_\_
Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_
Family email \_\_\_\_\_ Tee shirt size S M L XL XXL (circle one)

Special Health Information:

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.

\_\_\_\_\_
\_\_\_\_\_

Should this child's activities be restricted for any reason? \_\_\_\_\_
\_\_\_\_\_

Any allergies to:  Pollens  Medications  Food  Insect bites

Regular Medications \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Does your child wear  Glasses  Contact Lenses

## Medical Consent and Permission Form (Cont)

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 ministers, employees, agents, and volunteer workers from any and all 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 suites 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 student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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, snowboarding, hiking, biking, concerts, Bible Studies, golfing, miniature golf, hayrides, bowling, rafting, rock climbing, and arcades. *If you wish to limit your child's participation in any event, please indicate below:*

\_\_\_\_\_ has my permission to attend all youth activities.  
NAME OF STUDENT

**If you wish that your child's picture NOT be used in any publication (including web publication) of St. Luke's and it's ministries please indicate by marking an X in the following blank \_\_\_\_\_**

**If you would like your phone number to be unlisted, in any youth related Directory, please indicate by marking X in the following blank \_\_\_\_\_**

**If you would NOT like you or your student to receive text messages with news or updates, please indicate by marking an X in the following blank \_\_\_\_\_**

**When attending church sponsored events, each student is expected to conform to these rules of conduct:**

- No possession or use of alcohol, drugs, or tobacco
- Students should refrain from driving other students when transportation is provided to off-site youth ministry events
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- Girls only in girl sleeping quarters and boys only in boy sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**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 youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored by St. Luke's United Methodist Church (hereinafter the "Church") from **2010-2011**.