

Check the 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

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 trouble diabetes
 frequently upset stomach physical handicap

4. Does your child wear glasses contact lenses

5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

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

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

No possession or use of alcohol, drugs, or tobacco

No students can drive other students to offsite events (siblings may drive siblings)

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Participation with the group is expected

Respect property

Respect one another, adult leaders, and adult chaperones

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: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First United Methodist Church (FUMC) 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 FUMC- Rochester, NH. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release FUMC- Rochester, NH, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, 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 FUMC-Rochester, NH, I/we agree to hold such person free and harmless of any claims, demands, or suits 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 FUMC-Rochester, NH advisors/ chaperones.

Parent/guardian signature: _____ Date: _____