

Please fill out completely and return to the Church Office. Children will not be allowed to participate in off site activities without this form. This includes visitors. The forms (health/permission form and honor code) must be filled out and returned to Isle of Hope UMC.

ISLE OF HOPE UNITED METHODIST CHURCH
****HEALTH/PERMISSION FORM****
UMYF/COLLEGE Summer 2009

Name: _____ Birth date: _____

Address: _____

Phone: _____

Emergency Contact (other than parents): _____ Phone: _____

Parents Cell Phone Numbers: _____

Email address: _____

1. List any allergies such as poison ivy, poison oak, bee stings or medication to which you are allergic: (describe) _____

2. Do you have any special dietary requirements? (Describe) _____

3. Are you currently taking any medications? (Describe and what for) _____

4. Are you currently under a physicians care? (Describe) _____

5. Are there any other medical or special needs that may occur while you are under the church's care? _____

6. Date of last Tetanus shot: _____

7. Do you carry family medical insurance? _____ Carrier _____

Policy # _____ Physician: _____ Phone: _____

A Medical Doctor's Statement may be needed for special situations. I give my permission for the IOHUMC to seek and provide care for this applicant in case that any need arises including natural disasters. **I give permission for my child**
_____ **to participate in any off-site activities with UMYF 2008 - 2009.**

Sign: _____ Date: _____

****Honor Code****

As a good steward of what God has entrusted to me and to preserve my witness, I agree to protect, care for and be responsible for the property of the place at which I stay and/or meet. I also agree to abide by any and all rules placed on me by these entities. Administration reserves the right to send any person or group home who jeopardizes the purpose of the event for others by their misconduct. As a representative of Christ and His Church, we take seriously our responsibility to one another and our concern for the well-being of the total community.

Signature of Participant: _____ Date: _____

Yes! I'd love to participate in: (please check appropriate areas)

9th Grade Home Repair **Deep Creek**
 College Retreat to Tybee

Return this along with your check to the church office.