

JW Kids and JW Teens
Ministries of John Wesley Free Methodist Church
Medical Information and Release

Name of Student _____

Name of Parent or Legal Guardian _____

Address _____ City _____ State _____ Zip _____

Cell Phone 1 (_____) _____ Cell Phone 2 (_____) _____

Student's Grade in **January 2025** _____

Shirt Size: ___ Youth Small ___ Youth Medium ___ Youth Large

___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult XL ___ Adult 2XL

Medical Information – (To be completed by Parent or Legal Guardian)

Student's date of birth ___/___/___ Gender (Circle One) - Male or Female

Family Doctor _____ Dr's business phone _____

Does your child have any chronic or existing diseases or medical problems? (ex: diabetes, epilepsy) _____ If yes please explain _____

Does your child require regular medication? _____ If yes please explain _____

Is your child allergic to any foods or medicines? _____ If yes please explain _____

Who are you insured through? (ex. Employer) _____

Your health insurance company _____

Insurance company's claims address _____

Member's name _____ Identification # _____

Benefit Code _____ Account # _____

Expiration Date _____

The date of your student's last tetanus shot was _____

Any other medical information we might need about your student: _____

A new release will be required yearly

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(Please read carefully and print appropriate answers in blanks) This must be signed and dated by parent/ guardian)

I, _____, the legal custodial parent or guardian of _____, who desires to voluntarily participate in the activities of JW Kids or JW Teens, assume all responsibility for any accidents or other mishaps, including, but not limited to, serious bodily injury, permanent disability, and/or death, with respect to my child, and I hereby waive my right and child's right to any claim, cause of action, and/ or the right to file a lawsuit, and further release John Wesley Free Methodist Church, the Wabash Conference of the Free Methodist Church, the Free Methodist Church of North America, and the directors, officers, sponsors, employees, agents, and volunteers of each entity from any and all responsibility or liability of any nature whatsoever for any loss or damage to my child's property or person, including personal injury and/ or death sustained on John Wesley FMC property or Event/Activity site (location described below).

This instrument shall be binding upon the relatives, personal representatives, heirs, beneficiaries, next of kin or assigns of the above-named child and shall insure to the benefit of the organizations named as well as their directors, officers, sponsors, employees, agents, volunteers, successors and assigns. I have carefully read this Waiver & Release of Liability & Permission for Treatment and by my signature, I am stating that I understand, and accept all of its provisions, and understand that I am giving away substantial legal rights for both my child and myself and have the appropriate authority to execute this Waiver & Release. I also give permission to the Director of Children's Ministries and/ or volunteer sponsor of the event or activity to order x-rays, routine tests and treatment for my child if I cannot be reached in an emergency. I further give permission to hospitalize, secure treatment, and order injections, anesthesia, or surgery for my child named above.

Parent/Guardian's Signature: _____ Date: _____

Date	Off-Site Event/ Activity	Location	Parent/Guardian's Initials

A new release will be required yearly