

POINT STUDENT MINISTRY (519, Apex, Fiesta, and Peak)

2016-2017 STUDENT INFORMATION SHEET

Please complete one form per student for The Point Student Ministry

Student Last Name, First Name		Birth date	Gender
Grade/Track as of 9/16	School	Student Email Address	
Home Address		Student Cell#	Texting? <i>Circle</i> YES NO
Mother's Name	Cell #	Mother's Email Address	
Father's Name	Cell #	Father's Email Address	

Parents are (*Circle one*): Married Separated Divorced Single Re-married Widowed

Primary contact (*Circle one*): Mother Father Other: _____

Which campus does your family primarily attend? _____

Emergency Name and Phone Number other than Parents: _____

Student Ministry Participation Permission

_____ has my permission to attend all student ministry activities sponsored by Apex United Methodist Church's Family of Faith Communities from June 2016 to August 2017. I understand that Apex United Methodist Church is not liable in the unfortunate event of injury coming to my child. I give permission for emergency medical care to be given by a medical professional/hospital should my child need such treatment before I am contacted. I specifically authorize AUMC staff and youth leaders to request/authorize medical treatment, communicate with the medical providers regarding the child, and relay the contents of those communications to the parent(s)/guardians.

TO BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC

Parent/Guardian Signature Relationship to Student Date

_____ County, North Carolina

I certify that the following person(s) _____ personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document.

Date: _____

Official Signature of Notary _____

Printed or typed name of Notary _____

My commission expires: _____

Medication Information and Policy

Medication Policy

It is the expectation of the Family Ministries Staff that all medications be listed on medical consent forms submitted each August. If there are changes made, it is the responsibility of the parents to notify the appropriate staff member. Medical information will be made available to Family Ministries leaders as necessary.

In Student Ministry, with frequent trips and off-site events, the expectation will be maintained that students care for their own medicine distribution. Students should bring *prescription* medicines in their original container; only in the quantity necessary for that particular event/trip. First Aid kits, complete with ibuprofen, will be available on all Student Ministry events and students. Additionally, students are able to bring whatever over-the-counter medicines they may need during the trip/event. For each event, medical consent forms (filled out in August or leading up to event) will be available to trip/event leaders. If necessary, an adult leader can serve as a “medicine reminder” to a student, helping them to remember to take medicine at particular times. A non-parent adult should not be asked or expected to administer medicine with the exception of emergency circumstances (i.e. epi pen for allergies) which trip leaders are made aware of and instructed on before the beginning of the trip.

Prescribed Medication(s)	1. _____	2. _____	3. _____
Dosage Amount	_____	_____	_____
Dosage Frequency	_____	_____	_____

Additional information the Student Ministry staff should know about medication(s) or other illnesses or allergies. _____

Physician Name: _____ Office Phone: _____

Medical Insurance Provider: _____ Policy#: _____

Please note that it is the responsibility of each parent/guardian to contact Apex UMC if any information changes.