

Student Data / Health Form 2025-2028

Bel Air United Methodist Church
21 Linwood Avenue, Bel Air, MD. 21014
Ph: 410-838-5181

Student Information:

Name: _____ **Age:** _____

Birthday: _____
(Month) / (Day) / (Year)

Address: _____ **Apt. #:** _____

_____ **City** _____ **State** _____ **Zip** _____
Home Phone: _____ **Cell Phone:** _____

E-MAIL: _____

Current Grade: _____

School: _____

Facebook Name: _____

Instagram NAME: _____

Student Resides With: (Circle One) **Father** **Mother** **Both** **Legal Guardian**

Parent / Guardian Information:

Father's Name: _____ **Cell #:** _____

(Work #): _____ **Father's E-Mail:** _____

Father's Home Address (if different from above): _____

Mother's Name: _____ **Cell #:** _____

Work #: _____ **Mother's E-Mail:** _____

Mother's Home Address (if different from above): _____

MEDICAL INFORMATION

Name of Physician: _____ **Phone #:** _____

Insurance Company: _____

Policy Number: _____ **Group Number:** _____

DATE OF LAST TETANUS SHOT: _____

LIST ANY ALLERGIES, MEDICATIONS (AND DOSAGE) YOUR CHILD IS TAKING OR ANY OTHER MED-ICAL INFORMATION THAT THE DOCTOR SHOULD BE AWARE OF. (Please see the attached page)

Medication Name/ Dosage: (When/ Time administered during the day)

Update/ Review for Current Year: (Please Initial and date below)

2026 _____ **2027** _____ **2028** _____

NOTE: This form will remain valid for 2 years from the notarized date. If medical information, including medications, changes during that time, a new form must be completed.

YOUTH HEALTH / PERMISSION FORM 2025-2028

Bel Air United Methodist Church
21 Linwood Avenue, Bel Air, MD. 21014
Ph: 410-838-5181

RELEASE OF CLAIMS FOR FUTURE ACCIDENTS FOR A MINOR

(Please Print)

Name of Child: _____

Date of Birth: _____

IN AN EMERGENCY, IF I CANNOT BE REACHED, PLEASE NOTIFY THE FOLLOWING PERSON:

NAME: _____ **PHONE:** _____

RELATIONSHIP TO CHILD: _____

I do hereby give my permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, provided the child is in a safety belt and, if available, a shoulder strap, and the vehicle is driven by an adult the age of 21 years of older, while participating in the activities sponsored by Bel Air United Methodist Church.

I, the undersigned, understand that this form will incorporate all the terms and conditions of the notarized Medical Authorization Form.

I, the undersigned, do hereby release and forever discharge all event leaders and Bel Air United Methodist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in all youth and church events.

(Signature)

(Printed Name)

(Relationship)

(Date)

YOUTH MINISTRY STUDENT MEDICAL RELEASE FORM

Bel Air United Methodist Church
21 Linwood Avenue, Bel Air, MD. 21014
Ph: 410-838-5181

Students/ Childs Name: _____

Date of Birth: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Students Cell Phone: _____ **Texting allowed:** ☐ YES or ☐ NO

Student Email: _____

Graduation Year: _____

Parent/ Guardian #1 Information:

Name: _____ **Relationship to Student:** _____

Address (If different from student): _____

Cell Phone: _____ **Email:** _____

Parent/ Guardian #2 Information:

Name: _____ **Relationship to Student:** _____

Address (If different from student): _____

Cell Phone: _____ **Email:** _____

Student Medical Information:

Allergies & Reaction (i.e. pollen, food, medication, insects, etc):

Regular Medications taken (name & frequency): _____

Dietary Restrictions: _____

Student Carries Epi-Pen: ☐ YES or ☐ NO

Student Carries Inhaler: ☐ YES or ☐ NO

Any Special or Behavioral Needs:

Pediatric Physician: _____ Phone #: _____

Insurance Carrier: _____

Policy Number: _____ Group Number: _____

(In the event we are unable to get in contact with students Parent/ Guardians for Emergency/ Pick Up/ Etc. Please provide two alternative emergency contacts for your child.)

Non-Guardian Emergency Contact (1): _____

Phone #: _____ Relationship: _____

Non-Guardian Emergency Contact (2): _____

Phone #: _____ Relationship: _____

RELEASE OF CLAIMS FOR FUTURE ACCIDENTS FOR A MINOR

I do hereby give my permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, provided the child is in a safety belt and , if available , a shoulder strap, and the vehicle is driven by an adult the age of 21 or older, while participating in the activities sponsored by Bel Air United Methodist Church.

I, the undersigned, understand that this form will incorporate all the terms and conditions of the Medical Authorization Form.

I, the undersigned, do hereby release and forever discharge all event leaders and Bel Air United Methodist Church from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage or injury while participating in all youth and church events.

For publicity purposes, appropriate pictures may be printed in the ESpire Newsletter, which is distributed to Bel Air United Methodist Church's friends and family. The pictures may also be used on the Bel Air United Methodist Church Website and social media that can be found at <https://belairumc.org/>. *Student's names and other identifying information WILL NOT be included.*

Please Check one: ☐ Yes, you may publish my child's photo(s). ☐ No, you may not publish my child's photo(s).

(Signature)

(Printed Name)

(Relationship)

(Date)

For Office Use Only

Date Form Submitted: _____

MEDICATION ADMINISTRATION FORM

Bel Air United Methodist Church
21 Linwood Avenue, Bel Air, MD. 21014
Ph: 410-838-5181

Students/ Childs Name: _____

Date of Birth: _____

Medication Name: _____

All Prescribed doses & frequency: _____

Time or Circumstance of mediation administration: _____

Duration of medication administration: _____

Reason for medication administration: _____

Possible side effects of medication/ what should be done: _____

Any additional instructions or follow up (regarding medication): _____

Any additional Medication(s) Name:

All Prescribed doses & frequency: _____

Time or Circumstance of mediation administration: _____

Duration of medication administration: _____

Reason for medication administration: _____

Possible side effects of medication/ what should be done: _____

Any additional instructions or follow up (regarding medication): _____

Student Drop Off & Pick Up Information

Bel Air United Methodist Church – Youth Ministries

21 Linwood Avenue, Bel Air, MD. 21014

Ph: 410-838-5181

Monday, June 2, 2025

Hello to All Parents/ Guardians,

We are thrilled to see our youth members coming back to Bel Air United Methodist Church Youth Group to partake in our wonderful evening sessions and events. We all want to ensure that every student is safe from the time they arrive to the time they depart our sessions.

Current schedule of Youth Group Evening Sessions:

- Sessions are held every **first** and **third Sundays** at Bel Air United Methodist Church, in the Youth Room.
- Session time runs from **4:30pm until 6:00pm** *(between dates: June 1, 2025- August 31, 2025)*

****Please Note: Beginning on Sunday, September 7th Youth Group Evening Sessions times will be CHANGED to 4:30pm-6:30pm (more information about this time change will be divulged later this summer.) ****

****Also, Beginning September 7th any Youth Group student will be asked to place their cell phones into our designated cell phone charging zone for the duration of our evening session. This is so they can BE PRESENT FOR ALL FRIENDS WHO ARE IN ATTENDANCE at youth group. **Ms. Andrea will have her cell phone on her at all times and is available in the event you need to reach your child urgently during the youth group evening session time. ****

To achieve this level of safety for all our students, we are asking that all parents/ guardians be compliant with the following safety measures:

- All youth students must be dropped off & picked up at the Armstrong Entranceway (Back entranceway of Bel Air United Methodist Church).
- Any students given permission to **WALK HOME** after youth group evening session. Ms. Andrea **MUST RECEIVE A TEXT** message from parent/ guardian regarding their permission before the student is dismissed *(including students' name and parents' name in message)*.
- If there is an event that takes place which will make you delayed picking up your child by 6:00pm a text message must be sent to Ms. Andrea (cell: 410-812-9922) **ASAP** to make her aware *(providing her a possible alternative solution for pick up and/or estimated time of pick up)*.

- In the event of an emergency, if your child needs to be picked up urgently from youth group, please text Ms. Andrea (cell: 410-812-9922) **ASAP** and an adult leader will ensure your child is ready for pick up at the Armstrong entranceway.
- If you have not completed a full Student Registration & Medical Form packet 2025-2028 for your child we ask you please do so ASAP. You are welcome to complete this form through our church website (Realm) or Ms. Andrea also has printed blank copies in the youth room, if needed.

(Please Print, Sign & Return this portion to Ms. Andrea for office records; Thank you)

I, the undersigned, understand all the terms and conditions of the Student Drop Off & Pick Up Information Form and will comply as instructed to ensure all students' safety while at Youth Group Evening Sessions.

(Signature)

(Printed Name)

(Relationship)

(Date)