First United Methodist Church
Youth Ministry

Permission & Medical Release

(must be turned in to go on trips)

Effective date(s): September 2010 - August 2011

Please print in ink

Name: _____ **Age** _____ **Birthday** _____
LAST FIRST MIDDLE

Grade in school _____ ❑ **Male** ❑ **Female** **Email** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone# _____ **Student's Cell#** _____

Mother's name _____ **Phone: Home** _____ **Work** _____ **Cell** _____

Father's name _____ **Phone: Home** _____ **Work** _____ **Cell** _____

Emergency contact _____ **Phone: Home** _____ **Work** _____ **Cell** _____

Students Social Security # _____

Physician _____ **Office phone** _____

Dentist _____ **Office phone** _____

MEDICAL INSURANCE

_____ _____ _____
INSURANCE COMPANY NAME POLICY # GROUP#

_____ _____
INSURANCE PHONE NAME OF INSURED

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR CHILD?:

_____***(Guardians Name), give my permission for to attend trips taken by the First United Methodist Church Youth Program. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church 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 this event being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, 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 the Church, 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 the student ministries staff member.***

Parent/guardian signature: _____ Date: _____