

COMMUNITY UNITED METHODIST CHURCH
Youth/Child Participation/Permission Form & Medical Release
September 2019 - August 2020

Please Print

Child/Youth First & Last Name	Date of Birth	Grade Level	Child/Youth Cell #	Child/Youth Email

Home Address: _____
Address City Zip

Parent/Guardian #1 Name _____

Email _____ Cell/Home # _____

Parent/Guardian #2 Name _____

Email _____ Cell/Home # _____

Emergency Contact

Name _____ Relationship _____

Cell/Home # _____

Health/Insurance Information

Health Insurance Provider _____ Policy # _____

Medications _____

Allergies/Other Med Info _____

Media Release

I give permission for my child/youth's picture to be taken and shared publicly on the church's website, facebook page, in mailings (e.g. newsletter), etc. Yes No

Contact Permissions

I give Community UMC permission to contact my child via electronic (email, text, etc.) means: Yes No

Please sign after reading and agreeing to both sides of this form.

I/we have read this entire form and agree to the terms:

 Signature

 Date

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I/We are the parents, the parents having legal custody, or the legal guardians of the youth/child listed at the top of this page, a minor, and have given our consent for him/her to attend/participate in Confirmation and/or youth group activities from September 1, 2019 through August 31, 2020, being sponsored by Community United Methodist Church of Monticello. In the event that he/she is injured while attending activities 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 called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize the lead adult of our group, to give such consent for us if we cannot be reached by telephone at one of the numbers listed below, or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold that person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that we will ultimately be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Liability Release

I/We understand that there are inherent risks involved in any youth activity, and I/We hereby release Community United Methodist Church of Monticello, its 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 involvement with the organization of Community United Methodist Church of Monticello. Further, I affirm that the health insurance information provided is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the youth activity.

Agreement to Transport Home

I/We are the parents, the parents having legal custody, or the legal guardians of our child a minor, and have given our consent for him/her to participate in youth group activities sponsored by Community United Methodist Church of Monticello from September 1, 2019 through August 31, 2020. I/We understand that the lead adult of our group may need to send a student home as a result of illness or discipline problems. I/We understand if the student named above is dismissed from the youth activity, he/she will be transported home at my/our expense. (Community United Methodist Church will attempt to contact the parent/guardian to arrange such transportation.)

Transportation Permission

I/We give permission for Community United Methodist Church **leaders** to transport my/our child to and/or from activities directly related to Community United Methodist Church. By signing this, I/we understand that Community United Methodist Church is in no way liable for any harm to my child resulting from this transportation. **I will provide a written consent form if my teen has permission to ride with other drivers/parents/students.** I/We understand and accept the liability that results in granting of this permission. This permission will remain in effect from September 1, 2019 through August 31, 2020.

(Please read BOTH SIDES of this document)