

**Community United Methodist Church**  
**Youth/Child Participation/Permission Form and Medical Release**  
**September 2018 - August 2019**

Youth Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Youth Cell Phone \_\_\_\_\_ Youth Email \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Medications \_\_\_\_\_

Allergies/other pertinent medical information \_\_\_\_\_

**Media Releases:** 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. the newsletter), etc.     Yes  No

**Contact Permissions**

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

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

**I/we have read this entire form (also see page 2) and agree to the terms:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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, 2018 through August 31, 2019, 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

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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, 2018 through August 31, 2019. 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, 2018 through August 31, 2019.