

**PARENTAL PERMISSION, RELEASE, AND CONSENT TO MEDICAL TREATMENT**

The undersigned, being the parent or legal guardian of (youth's name) \_\_\_\_\_, and such youth being under eighteen (18) years of age, does give permission for such youth to accompany the group and participate in the activities sponsored by First United Methodist Church (FUMC) and which may involve either traveling in church owned vans or buses or in other buses or private vehicles. This authorization shall be effective continuously from the date hereof until cancelled by written notice to FUMC.

\_\_\_\_ (Initials) I have the legal authority to sign this permission, release, and consent to medical treatment. I will keep informed of the church sponsored activities for my youth. If I do not want my youth to accompany the group and participate in any specific church sponsored activity, I will take sole responsibility to see that my youth does not participate.

\_\_\_\_ (Initials) I hereby release FUMC, its staff, employees, drivers, sponsors and helpers from any liability for injury or damages suffered by the above youth and agree to release, indemnify and waive my rights by subrogation I may have, and hold harmless FUMC, its staff, employees, drivers, sponsors, and helpers from injury or damages to my youth.

**Please attend to the following information and requests:**

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

I can be reached at the following:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

*In case of an emergency, and the parent / guardian is not available, please indicate an emergency contact person:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Are there any medical problems or special physical conditions or allergies of which we need to know?

\_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_ (Initials) I hereby consent and authorize the adult leader(s) accompanying my youth to obtain emergency medical treatment in case of injury or illness upon presentation of this authorization or a photocopy thereof.

Insurance Company \_\_\_\_\_ Phone: \_\_\_\_\_

Group Insurance Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_ PPO/HMO? \_\_\_\_\_

Full name of policy holder: \_\_\_\_\_ Employer: \_\_\_\_\_

Claims Address of Company: \_\_\_\_\_

**PLEASE ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD.**

I give permission for my youth's picture to appear in newsletters, pamphlets, web page, etc. ( ) Yes ( ) No

Please note that it is the responsibility of each parent, guardian, or managing conservator to update this information as the need arises.

\_\_\_\_\_  
Signature of Parent, Guardian, or Managing Conservator

\_\_\_\_\_  
Date