

412 Student Ministry Salem UMC

Permission and Medical Release Form 2015-2016

Please complete both sides of form and return to the church office.

Salem United Methodist Church
 1200 S. Lindbergh Blvd. St. Louis, MO 63131
 Phone: (314) 991-0546 fax: (314)991-1242 www.salemstlouis.com

Name of Parent/Guardian		Home Phone
		Cell Phone
Street Address		
City	State	Zip Code
Parent/Guardian Email Address		
Emergency Contact		Cell Phone
Youth 1: Name	Youth 2: Name	
Youth 1: Cell Phone Number	Youth 2: Cell Phone Number	

STUDENT MINISTRY ANNOUNCEMENT TEXTING: We will occasionally (once/week on average) text student ministry information to participating teenagers. In order for your youth to participate, we need to know your cell service provider (AT&T, Sprint, etc) : _____

I do NOT wish Salem United Methodist Church to TEXT youth ministry announcements to my child's cell phone.

Youth 1: Email Address	Youth 2: Email Address
Youth 1: Date of Birth	Youth 2: Date of Birth
Youth 1: Gender	Youth 2: Gender

OVER

Medical Insurance Company	
Insurance Policy Number	
Physician	Physician Phone #
Please list any medication you CANNOT take:	
Please list any medications your child is currently taking.	
Please list any allergies or special health problems/conditions.	

**Parent/Guardian Release for
Salem United Methodist Church Events/Trips**

The undersigned as parent or legal guardian of the minor child(ren) listed above, does hereby give permission for the above named individual(s) to attend any and all activities of the youth ministry of Salem United Methodist Church, 1200 S. Lindbergh Blvd., St. Louis, MO 63131. As a condition of attending, I do hereby release Salem United Methodist Church as well as its officers, agents and employees, from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way arising from the above described activity, including, but not limited to transportation to and from the event. I further agree that the financial responsibility for securing care in the case of injury resulting from participation in the program, is a matter between the participant and his/her health care provider. It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from program activities.

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor child(ren), listed above, in the event of a medical situation occurring in my absence or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physician, and nursing personnel within the physician's staff where treatment is rendered. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child(ren).

Photos and video will be taken during student activities. I give permission for my youth's image to be displayed on church publicity and/or outreach materials.

This form is valid from September 1, 2015 through August 31, 2016.

Signature of parent/guardian

Date

I do NOT consent to allow Salem United Methodist Church to use photos and video of my child in any church publicity and/or outreach materials.

Thank you for completing the Salem youth permission and medical release form. Please return your form to the church office.

If you have questions please call Sean McIntyre, at 314-991-0546 or email him at sean@saalemstlouis.com.