

First United Methodist Church
208 West Lauderdale Street
Tullahoma, TN 37388
931-455-5434
fumctullahoma.com

Youth Activities Permission Form

I give permission for _____ to participate in church sponsored Youth activities that involve both staying at the church and leaving the property of the First United Methodist Church. I understand that notification of activities will be given in advance through church newsletters , bulletins and mailings, and that transportation will be provided by responsible adults.

Should _____ need medical attention (in the opinion of the counselor in charge) due to illness, accident, or any other condition, you have my permission to seek medical help , including surgery, which in your judgment is competent.

The above named youth is/is not covered under hospitalization insurance with:

Company _____ Policy Number _____
Policy Holder _____
Please photocopy both sides of the insurance card and return with this form.
Emergency contact information
Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____
Family Physician _____ Phone _____
Medical Questions
Any allergy to medications, foods, insect stings , etc? (please explain) _____
Any Medications taken routinely? (Name , dose, schedule of medications) _____
Blood Type _____
Other medical situations or dietary restrictions? _____

Parent/Guardian Signature _____ Date _____