



Faith United Methodist Church

Parent/Guardian Consent and Liability Waiver

Participant Name: _____ Date of Birth: ___/___/___

Home Address: _____ City: _____ Zip: _____

Parent(s)/Guardian(s): _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Number: _____ or _____

Consent and Liability Waiver

This must be filled out by the legal parent or guardian for youth under 18 years of age.

I, _____, grant permission for my child _____ to participate with the **Faith United Methodist Church Youth and Children's Program**. I agree on behalf of myself, my child's other parents, of known or living, my child named herein, or our heirs, successors, and assigns to waive all liability, release, indemnify, hold harmless and defend Faith United Methodist Church (its pastor, youth ministry leaders, volunteers, and agents) or any representatives associated with the scheduled activity from any and all causes of action unless the arising from injuries sustained thereof.

By signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature: _____

Parent/Guardian

Date: _____

Youth/Child Participant: By signing this document, I agree to abide by any and all policies and rules established for Faith United Methodist Church Youth and Children. I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature: _____

Youth/Child

Date: _____

Photography Consent

As parent/guardian, I understand that promotional pictures and video (individual and group) will be taken during events. I give permission for my son's/daughter's photo or video to be used for promotional material (newsletters, web site, calendars, media presentations, etc.) in highlighting certain events.

Signature: _____

Parent/Guardian/Youth over 18

Date: _____

Medical Consent

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor: _____ Phone: _____

Medications:

My child will bring all such medications, well labeled, that are necessary for his/her health.

Medication: _____ Dosage: _____ Time/Frequency: _____

Administration directions: _____

____ I hereby **Do NOT Grant Permission** for medication of any type, whether prescription or over-the-counter, to be administered to my child unless the situation is life threatening and emergency treatment is required.

_____ (initial)

____ I hereby **Grant Permission** for over the counter medication (such as Tylenol, throat lozenges, cough syrup, etc.) to be administered to my child if deemed advisable. I understand that Aspirin *will not* be given to my son/daughter.

_____ (initial)

Medical Condition Information

My son/daughter has the following known conditions: _____

Has had an episode of or diagnosed with the following: _____ Seizures _____ Asthma _____ Diabetes

Has known allergies: _____

Has the following physical limitations: _____

Has up-to-date immunization _____ Yes _____ No

Insurance Information

Insurance Carrier: _____ Name of Ensured: _____

Insurance Policy Number: _____ Contact Number: _____

In the event medical attention is required, or my child becomes ill with repeated symptoms, I want to be notified immediately. I fully understand the foregoing statements and sign this medical consent waiver knowingly, freely, and willingly.

Signature (Parent/Guardian if student is under 18)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

Sworn and subscribed before me this _____ day of _____, 20__

Signature of Notary Public: _____

