

ANNUAL PERMISSION FORM
NEW STANTON UNITED METHODIST CHURCH STUDENT MINISTRIES
NEW STANTON, PA 15672

I, _____ give permission for my, son/daughter

_____, to participate in the New Stanton United Methodist Church Student Ministry. This includes regularly scheduled on-site events, or any special event (including travel) that are sponsored by New Stanton United Methodist Church Student Ministries during the dates of:

September 1, 2017 to August 31, 2018

Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

MEDICAL TREATMENT

(Student's name here) _____ has the permission of the undersigned to participate in New Stanton United Methodist Church activities. In the event of an emergency that affects the health or welfare of this participant, the sponsors, leaders, or chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. The individual action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. I do hereby release New Stanton United Methodist Church, its officers, its employees, agents, volunteers and members of its Board from all claims and causes of action by reason of any injury, which may be sustained as a result of these church activities.

RELEASE OF LIABILITY

I/We, the parent(s) or legal guardian(s) of the above participant do hereby release New Stanton United Methodist Church, the Church Staff, all sponsors, and volunteers from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above events.

CONFIDENTIALITY

I, the undersigned understand that all information enclosed will be held confidential by the professional staff at New Stanton United Methodist Church.

Signature of Parent/Guardian: _____ Date: _____

Grade of Student in Fall 2017: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Primary Contact Information (parent/guardian):

Home Phone: _____ Cell Phone: _____

Secondary Contact Information (only to be used if primary contact cannot be reached)

Home Phone: _____ Cell Phone: _____

(OVER)

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

Of the following statements pertaining to medical matters:

SIGN ONLY THOSE IN ACCORDANCE WITH YOUR WISHES.

1. Medications: My child is taking medications at present (list below). My child will bring all such medications necessary and such medications will be labeled. My child will administer his/her own medications.

Signature: _____ Date: _____

2. I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, cough syrup, etc.) to be given to my child if deemed advisable.

Signature: _____ Date: _____

3. No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

Please list any known allergies:

Please list any physical limitations:

Please list any medically prescribed dietary needs:

Is your child a vegetarian? YES NO

Is the child subject to chronic homesickness, emotional reactions to new situations, or fainting?

If yes, please explain: _____

PERMISSION TO USE MY CHILD'S IMAGE:

I recognize that New Stanton United Methodist Church uses photographs and video images of events in its publicity materials such as the church website, newspapers and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

YES NO

HEALTH INSURANCE INFORMATION (please print)

Insurance Company: _____ Policy #: _____

Policyholder's Employer: _____ Policyholders Name: _____

Policyholder's Address: _____