



MEDICAL INFORMATION and PERMISSION FORM



September 2019 - August 2020

****General Permission****

(Youth Name) _____ has my/our permission to participate in any and all events sponsored by First United Methodist Church of Holland's Eclipse Youth Ministry (EYM) during the above time period. By signing below, I acknowledge that my/our child will abide by all rules and obey all adult counselors and that failure to comply may result in him/her being sent home at my expense. In addition, I/we will not hold First United Methodist Church or its leaders liable for accidents or injuries which might occur during youth events.

Signed:

Relationship(s) to student:	Date:
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****Family Information****

Youth's Name:	Youth Date of Birth:
Youth Address:	City/Zip:
Youth Email:	Youth Cell:
Parent/Guardian Name(s):	
Parent Address (if different):	City/Zip:
Parent Email(s):	
Parent Phone Number(s):	

****Emergency Contacts Info if Parents Cannot Be Reached****

Contact Name:	Phone:	Relationship:
Contact Name:	Phone:	Relationship:

****Medical Information****

Is your youth on any medication? _____ If yes, please list medication, dosage, and frequency:

Will your youth need medication during youth group? If so, describe: _____

Health Insurance Company: _____ Phone Number: _____

Policy/ID/Group Number(s): _____

If there is any other pertinent medical information (including food allergies) concerning your youth, please describe it here, (use the back of this page if necessary):

****Emergency Medical Treatment****

In the event that your youth should require emergency medical attention while participating in youth activities, please give your consent for us to arrange for such care:

I/we, the parent(s)/guardian(s) of _____ do hereby grant permission for FUMC EYM counselors and/or staff to request and obtain emergency medical treatment for my/our child.

Signed:	Date:
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****Publicity Information****

Many EYM events provide wonderful photographic opportunities, resulting in photos that can be used creatively and effectively to promote similar and/or future EYM events. Please initial in the blanks provided to indicate your permission for EYM to reproduce and/or publish pictures of your child: (Last names, addresses, or other identification information will NOT be included).

_____ Church Bulletin Boards _____ Church Website _____ Newsletters _____ Event Slide-Show _____ Facebook