

# FIRST UNITED METHODIST CHURCH APPLETON YOUTH MINISTRIES

## Medical & Permission Form 2018-2019

Equipping Youth with the tools and experiences so that they may  
live each day as authentic followers of Jesus Christ.

Please print in ink

PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SCHOOL (As of September 2018) \_\_\_\_\_

GRADE (As of September 2018) \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_ / \_\_\_\_\_

WORK PHONE/ CELL PHONE(S) \_\_\_\_\_ / \_\_\_\_\_

PARENT EMAIL ADDRESS(S) \_\_\_\_\_ / \_\_\_\_\_

YOUTH EMAIL \_\_\_\_\_ YOUTH CELL PHONE \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

The undersigned hereby give permission for our (my) child: \_\_\_\_\_  
("Participant"), to attend and participate in First United Methodist Church of Appleton Youth  
Ministries activities, events, and retreats during the period of **SEPTEMBER 2018-AUGUST  
2019**.

**LIABILITY RELEASE:** In consideration of First United Methodist Church of Appleton  
allowing the Participant to participate in youth ministry activities, we (I), the undersigned,  
do hereby release, forever discharge and agree to hold harmless First United Methodist  
Church of Appleton, its directors, employees, volunteers and agents (collectively herein the  
"Church") from any and all liability, claims or demands for accidental personal injury,  
sickness or death, as well as property damage and expenses, of any nature whatsoever  
which may be incurred by the undersigned and the Participant while involved in the  
youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant  
our (my) permission for the Participant to participate fully in youth ministry activities,  
including trips away from the church premises.

**MEDICAL TREATMENT PERMISSION:** We (I) authorize an adult, in whose care the minor  
has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical,  
surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor  
under the general or special supervision and on the advice of any physician or dentist  
licensed under the provisions of the Medical Practice Act on the medical staff of a licensed  
hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all  
costs and expenses incurred in connection with such medical and dental services rendered  
to the aforementioned child or youth pursuant to this authorization.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT LEADER while attending and participating in activities sponsored by First United Methodist Church of Appleton. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

**PHOTO RELEASE:**

I hereby grant permission to First United Methodist Church of Appleton to use photographs of my son or daughter taken during Youth Ministries events on its website, Youth facebook page (a Private group), or in other official church printed publications without further consideration. Participants name will not be tagged to any photographs. I also understand that once said images are posted on the church's website, the images can be downloaded by any computer user, anywhere in the world. Therefore, I agree to indemnify and hold harmless the church and its staff from any claims arising out of the use of said images.

Medical Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy/Group ID# \_\_\_\_\_

Emergency Contact & Phone #s in case parent/guardian cannot be reached:

Name \_\_\_\_\_ / \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Child/Youth and Parent/Guardian Signature:**

In signing this covenant, I vow that I have read and understand the guidelines outlined in the "Youth Covenant of Conduct". I recognize that a covenant is a binding promise, and my signature is testimony that I agree to adhere to the provisions of this covenant. Please keep the covenant for your records and return this form in to the church office.

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_