

# FIRST UNITED METHODIST CHURCH APPLETON YOUTH MINISTRIES

## Medical & Permission Form 2021-2022

We exist to create a space where Youth are equipped with tools and experiences so that they will be excited to engage in conversations about Faith, serve others, and grow to 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 2021) \_\_\_\_\_

GRADE (As of September 2021) \_\_\_\_\_

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 Appleton Youth Ministries activities, events, and retreats during the period of **SEPTEMBER 2021-AUGUST 2022**.

**LIABILITY RELEASE:** In consideration of First United Methodist Church 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 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 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 form, I recognize that I am a representative of Jesus Christ and of First United Methodist Church Appleton, and I am responsible for my actions. I recognize that a covenant is a binding promise, and my signature is testimony that I agree to adhere to the guidelines of this covenant.

- Everyone is a Child of God. I will embrace inclusiveness by doing my part to make everyone feel welcome and important.
- Respect the physical and emotional well-being of everyone.
- Respect the property where Youth Ministries' events are held.
- Participate fully in scheduled group events.
- Stay within the group or sub-group at all times. No wandering off!
- Hold safety in the highest regard. I will think!
- Provide a trusting environment for my peers.
- Take the initiative to inform my guests of their responsibilities when they attend.
- If Youth repeatedly disregard these guidelines a parent will be contacted and asked to pick up their son or daughter.

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

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