

**KILBOURNE UNITED METHODIST CHURCH  
STUDENT MINISTRY PERMISSION FORM**

**CHILD'S INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION**

Name(s): \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

**PARENTAL CONSENT**

The undersigned does hereby give permission for my child, \_\_\_\_\_  
("Participant"), to attend and participate in any Kilbourne United Methodist Church ("KUMC")  
children/student ministry activities, events, retreats, childcare, etc. during the annual period of  
\_\_\_\_\_ to \_\_\_\_\_.

LIABILITY RELEASE: In consideration of KUMC allowing the Participant to participate in  
children/student ministry (e.g. Sunday school, Activities, Events, Retreats, Lock-Ins, Trips, etc.)  
and childcare, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless  
KUMC, its pastors, directors, employees, volunteers, and teachers (collectively herein "KUMC")  
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 children/student activities and childcare. I,  
the parent or legal guardian of this Participant, hereby grant my permission for the Participant to  
participate fully in children/student ministry activities and child care, including trips away from  
the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of  
accidental personal injury, sickness, death, damage, and expense as a result of participation in

recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify KUMC for any liability sustained by the Church as the result of the negligent, willful, or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, to whose care the minor has been entrusted, to consent to any emergency 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, dentist, or other medical professional. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/student to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by KUMC. My child/student and I understand that seat belts must be worn at all times during transportation.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

**MEDICAL INFORMATION**

**CHILD'S INFORMATION** *(Please Print)*

Student Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

**MEDICAL CONDITIONS:**

Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
  
  
  
  
  
  
  
  
  
  
2. List any allergies (drug/medicine, food, and/or environmental), the type of reaction, and the severity:
  
  
  
  
  
  
  
  
  
  
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the ministry leaders to know.

**PRIMARY CARE PHYSICIAN**

Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required): \_\_\_\_\_

**INSURANCE INFORMATION**

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Policy Holder's Name (please print): \_\_\_\_\_

**Note:** Please attach a copy of medical insurance card to the form.

**MEDICATION:**

List all medications the student will take during any student ministry trips, retreats, or events. No participant under the age of 18 will be given prescription or over-the-counter medication by KUMC staff or volunteers without written instruction and consent from a parent/guardian. Parent(s)/guardian(s) must give the required medications to the ministry leader in their original containers with complete dispensing instructions before the start of the event. Student are not permitted to carry any prescription or non-prescription medication and may be sent home at the parent/guardian's expense if they do.

**Medication Name**

**Dosage and Dispensing Instructions**

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**Over-the-Counter Medication Permission:**

Do you give permission for your child to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (e.g. Tylenol, Advil, antacids, Benadryl) while at a student ministry event? Please initial the appropriate option.

\_\_\_\_\_ **No.** Contact me or get medical help if my child has any minor medical concerns.

\_\_\_\_\_ **Yes.** I give permission for an adult ministry leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

**PHOTOGRAPHY/VIDEO RELEASE FORM**

During the normal course of KUMC ministries and events, photographs and/or video recordings may be taken of persons engaged in various aspects of ministry. These pictures may be displayed or used in a variety of ways including, but not limited to, posted on walls of classrooms, bulletin boards, published in KUMC newsletters, used in promotional materials, placed on the church website ([www.kilbourneumc.com](http://www.kilbourneumc.com)) and Facebook page, or displayed at other church events. Because the church grounds are not considered to be public space, KUMC is committed to making every effort to inform participants when photo/video equipment is in use, and/or if any activity is being recorded for broadcast/redistribution. Additionally, every effort will be made to ensure that photographs or video recordings will only be taken of minors who have a Photography/Video Release Form on file.

PHOTOGRAPHY/VIDEO RELEASE AGREEMENT (Please initial next to your choice):

\_\_\_\_\_ I hereby consent to, and authorize, the use and reproduction by KUMC or anyone authorized by KUMC, of any and all photographs and/or video recordings that have been taken of me and/or my child during KUMC sponsored events, without compensation to me. I understand that KUMC reserves the right to use these photographs for publicity and/or informational purposes. I also understand that no personal information will be included and/or attached to photographs and videos taken of minors

\_\_\_\_\_ I do not give permission for my child’s likeness to be taken by means of photograph and/or video recording, and utilized for any church purpose.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

**YOUTH COVENANT**

As a participant in KUMC youth group events, I understand and agree to abide by all the rules and regulations given by the appointed adults representatives of KUMC. I also understand and agree that I will notify my parent(s)/guardian(s) at the time of any infraction of rules for a specific event that may require my dismissal from any KUMC youth activity. I also understand that if I am dismissed while attending, I will be sent home at my own and/or my parent(s)/guardian(s) expense.

Youth's Signature: \_\_\_\_\_

Cell Phone (if applicable): \_\_\_\_\_

Grade (as of Fall 2014): \_\_\_\_\_ E-mail (if applicable): \_\_\_\_\_

**WORDS FROM THE YOUTH LEADERS**

The safety of your youth is important to us at KUMC. We will do our best to provide a safe, fun, and engaging atmosphere for your youth while she or he is in attendance at our event, outing or program. If at any time you have questions, concerns, special needs or requests, ideas to share, or if you want to be present for anything that we do, reach out to the KUMC pastoral staff.