

Parental Consent and Liability Release Form (YYCF)

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____

PARTICIPANT EMAIL _____

PARENT BEST CONTACT EMAIL(S) _____

ADDRESS _____

PHONE _____ SCHOOL _____ GRADE _____

PARENT(S)/GUARDIAN NAME(S) _____

PARENT CELL PHONE(S) _____ / _____

TO WHOM IT MAY CONCERN:

The undersigned do hereby give permission for my child:

_____ ("Participant"), to attend and participate in **St. George's United Methodist Church** YYCF youth ministry activities, events, and retreats during the period of **9/1/11-8/31/12**.

LIABILITY RELEASE: In consideration of **St. George's United Methodist Church** allowing the Participant to participate in YYCF youth ministry activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless **St. George's United Methodist Church**, 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 children/youth activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in YYCF youth ministry activities, 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.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said 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, 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 agrees 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.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth 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 youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by **St. George's United Methodist Church**. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____ Policy Holder's Name: _____

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

Parent Signature _____ Parent Printed Name _____ Date _____

Health Information

Participant's Name _____ Date Filled Out _____

Giving us medical information for your child will ensure that your child will receive proper treatment in an emergency. Also, we can use information about chronic health issues and allergies to make sure the needs of each student will be met as we plan our programming in YYCF. Please be assured that the information given will be kept confidential among the group leaders of the YYCF.

1. Does your child have any health conditions that may limit his/her participation in any activities? If so, explain: _____

2. Dietary Modifications?: _____

3. Allergies (inc Medications)? _____

4. Any Chronic Health Problems or Concerns: _____

5. Current Medications: _____

6. Physician Name: _____ Phone _____

Physician Address: _____

May the youth counselors/staff provide the following to your child on request? (Note – we do not necessarily have these medications readily available. Please talk to the counselors if you think that there is a need for that.)

Ibuprofen
Benadryl
Sunscreen
Bug spray

<input type="checkbox"/>	YES	<input type="checkbox"/>	No
<input type="checkbox"/>	YES	<input type="checkbox"/>	No
<input type="checkbox"/>	YES	<input type="checkbox"/>	No
<input type="checkbox"/>	YES	<input type="checkbox"/>	No

Acetaminophen (Tylenol)
Neosporin
Hydrocortisone Lotion
Tums/Rolaids

<input type="checkbox"/>	YES	<input type="checkbox"/>	No
<input type="checkbox"/>	YES	<input type="checkbox"/>	No
<input type="checkbox"/>	YES	<input type="checkbox"/>	No
<input type="checkbox"/>	YES	<input type="checkbox"/>	No

Last Tetanus Immunization Date: _____

Parent Signature _____ Parent Printed Name _____

Date _____