

**Permission Form and Medical Release - Park United Methodist Church Youth**

**For School Year 20\_\_ through 20\_\_**

*Parents-till out and return to Park UMC Youth Director*

**PLEASE PRINT**

Youth's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

☎ Phone/Cell #\_(\_\_\_\_\_) \_\_\_\_\_ Youth's e-mail \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Address Information if different \_\_\_\_\_

☎ Parents Phone #\_(\_\_\_\_\_) \_\_\_\_\_ Parents ☎ Cell #\_(\_\_\_\_\_) \_\_\_\_\_

Parents e-mail \_\_\_\_\_

If above cannot be reached-name of other person to call in case of emergency:

Name of Person to contact: \_\_\_\_\_ ☎ Phone/Cell #\_(\_\_\_\_\_) \_\_\_\_\_

**Health Information:**

1. Health factors that may limit physical activity

2. Date of last tetanus shot or booster

3. Physician/Clinic Name \_\_\_\_\_ ☎ Phone (\_\_\_\_\_) \_\_\_\_\_

4. Check  all that apply and describe in the blank space:

Food allergies

Dietary needs

Medical needs

Other allergies

On medications

Other:

Describe those items Checked \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. My child can be given Tylenol/non-aspirin, Advil, over the counter cough medicine, over the counter eye drops, antibiotic, ointment, ice for twisted joints, chewable antacids if needed

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Authorization for Medical Treatment**

I hereby authorize that emergency medical and or surgical care may be provided for person(s) named above while he/she is participating in Park UMC sponsored youth events.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Parent Permission Form**

I hereby release and discharge Park United Methodist Church, its staff, and other chaperoning adults for all claims of damage, demands, actions, whatsoever in any manner arising out of my child's participation in Park UMC sponsored youth events during the year. I have knowledge of the planned activities and will take responsibility to limit my child's activity in events I feel are not appropriate. Except for those limitations named above on the health form, I certify that \_\_\_\_\_ is healthy and fit to participate in Church Youth Activities.

Signed \_\_\_\_\_ Dated \_\_\_\_\_