

ANNUAL PERMISSION SLIP

Aldersgate UMC Youth Ministries

I, _____, give permission for my son/daughter _____
(PARENT/GUARDIAN)

_____ to participate in Aldersgate's Youth Ministries. This includes regularly scheduled on-site events, or any special events (including travel) that are sponsored by Aldersgate Youth Ministries during the dates: January 1, 2016 to December 31, 2016

Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my child up.

MEDICAL TREATMENT

(Student's name here) _____ has the permission of the undersigned to participate in Aldersgate activities. In the event of an emergency affecting the health or welfare of this participant, the sponsors, leaders, or chaperones have permission to administer first aid and/or transport the individual to the nearest doctor or hospital for further medical attention, as deemed necessary. Youth leaders are authorized to approve emergency treatment by healthcare professionals in the event of inability to contact parent/guardian in a timely fashion. The individual taking action in response to the emergency will be held blameless. Any medical expenses occurring will be borne by the parents or guardians of the participant. I do hereby release Aldersgate United Methodist Church, its clergy, its employees, agents, volunteers and members from all claims and causes of action by reason of an injury, which may be sustained as a result of these church activities.

RELEASE OF LIABILITY

I/We, the parent(s) or legal guardian(s) of the above participant do hereby release Aldersgate United Methodist Church, the Church staff, all sponsors, and volunteers from any and all liability resulting from any physical injury, property damage, or other injury or damage which occurs in connection with the above events.

Primary Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____

Date: _____ Grade of student in fall 2016 _____

Date of Birth _____ Address: _____

Zip Code: _____ Home Phone: _____ Student's Cell Phone: _____

Primary Parent/Guardian's Cell Phone: _____

Secondary Contact Information

(only to be used if primary contact cannot be reached)

Name: _____

Phone Number: _____

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters:

SIGN ONLY THOSE IN ACCORDANCE WITH YOUR WISHES:

1) Medications: My child is taking medication at present (list below). My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Signature: _____ Date: _____

2) I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, cough syrup, etc.) to be given to my child if deemed advisable.

Signature: _____ Date: _____

3) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

Please list any known allergies:

Please list any physical limitations:

Please list any medically prescribed dietary needs:

Is the child a vegetarian?: YES NO

Is the child subject to chronic homesickness, emotional reactions to new situations, or fainting?

YES NO

If yes, Please explain: _____

Permission to use my child's image:

I recognize that Aldersgate UMC uses photographs and video images of events in our publicity materials such as the church website, newspapers, posters and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes. YES NO Initial: _____

HEALTH INSURANCE INFORMATION

(Please print)

Insurance Company: _____

Policy Number: _____

Policyholder's Employer: _____

Policyholder's Name: _____

Policyholder's Address: _____