

Emory Grove UMC Permission & Liability Form

**This form covers all youth activities and events held during the 2018-2019, including (but not limited to) Sunday school, United Methodist Youth Fellowship, Youth Council, UMC Connectional Events, and annual special events/service projects. Parents will be asked to verify health insurance and emergency contact information prior to each overnight or off-site event and must notify the Youth Director of any changes in student status.*

Youth full name (first, middle, & last) _____

Current grade & School Name: _____

Youth's cell # _____ Youth's email _____

Name of custodial parent or guardian(s) _____

Address _____

City _____ State _____ ZIP Code _____

Home number _____ Cell number _____

Email _____

Emergency contact name _____

Relationship to youth/family _____

Address (street, city, state, ZIP) _____

Home number _____ Cell number _____

Medical Information, History & Release

Youth's primary physician _____

Name and address of practice _____

Phone _____ Fax _____

Youth's health insurance provider _____

Group number _____ Member ID _____

Please list any chronic conditions for which your child is being treated (e.g., asthma, ADD, or similar):

Food Allergies _____

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Medical Allergies _____

Environmental Allergies _____

Does child carry or use an EpiPen or EpiPen Jr.? _____

Verification for Events

**If a child is transported to an event by an adult other than a primary custodial parent or guardian, parents or guardians may verify emergency contact and health insurance information with the adult-in-charge. Your initials below affirm the above information and releases as of the date following your signature, and specifically for the listed events.*

Event: _____ Initials: _____ Date: _____

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Event: _____ Initials: _____ Date: _____

In the event of an emergency, I authorize the appropriate authority at Emory Grove United Methodist Church (i.e., the Lead Pastor, Youth Pastor, Director of Youth Ministries or DYM's designee) to transport my child to the nearest emergency care facility and to initiate treatment on my child's behalf. This authorization will remain in effect until one year from the undersigned date. Photography and video release statement: events attended and sponsored with and conjunction with Emory Grove United Methodist Church may be photographed or video-recorded. Attendance at a Emory Grove United Methodist Church event constitutes the consent of all attendees, and the consents of the parents and/or legal guardians of any minor children in attendance, to future broadcast, publication, or other use of photographs or videos at the sole discretion of Emory Grove United Methodist Church.

Signature _____ Date _____