

United Methodist Church-St. Paul's & The Springs Children's / Youth Permission Slip
September 1, 2014 - August 31, 2015

**Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and
Emergency Medical/Contact Information for Children and Youth Activities**

Child/Youth name: _____
(Last) (First) (M.I.)

Birth date: _____

Address: _____
Street City State Zip

Home Phone: _____

Parent(s)/Custodial Adult(s) Name(s): _____

Parent(s)/Custodial Adult(s) Phone numbers:

Work phone(s): _____ Cell phone(s): _____

In case of emergency contact:

1) Name: _____ Daytime phone: _____
Relationship: _____ Evening phone: _____

2) Name: _____ Daytime phone: _____
Relationship: _____ Evening phone: _____

Name and phone number of primary treating physician:

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name),
I/we give permission for the United Methodist Church, its agents, staff, and volunteers to obtain
urgent or emergency medical care for my/our child, and I/we authorize health care providers to
render such care as may be necessary. It is understood that reasonable efforts will be made to
contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are
contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Adult

Parent/Custodial Adult

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Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of United Methodist Church - St. Paul's & The Springs, on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of the UMC, I/we release the United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of the UMC; and I/we agree to indemnify and hold forever harmless United Methodist Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of the UMC or resulting from traveling to or from the activities of the UMC, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

Parent/Custodial Adult

Parent/Custodial Adult

Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.

(Yes) (No)

Photo Permission

I/we understand that my child may be photographed while participating in the activities of The United Methodist Church. I/we (**do**) or (**do not**) give permission for a recognizable image of my child to be posted on the UMC website and Facebook pages. I understand that a non-recognizable image, such as a group picture, may be posted. Names of children will not be noted.

Parent/Custodial Adult

Parent/Custodial Adult

Date: _____