

# United Methodist Church (UMC) Children's/ Youth

## Permission Slip and Release for 2020

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.)

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip

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

\_\_\_\_\_

Home phone(s): \_\_\_\_\_ Cellphone(s): \_\_\_\_\_

### In case of emergency contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Name and phone number of primary treating physician:

\_\_\_\_\_

### Allergies (including food and 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 UMC, their 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

# United Methodist Church (UMC) Children's/ Youth

## Permission Slip and Release for 2020

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

Medical Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Participant I.D. Number: \_\_\_\_\_

Medical Insurance Phone Number: \_\_\_\_\_

(a copy of my medical insurance card is attached)

### **Permission to Participate; Release, Waiver of Liability, Indemnity Agreement**

I/we give permission for \_\_\_\_\_ (name of child/  
youth) to participate in activities of the UMC. In consideration of the opportunity  
of my/our child/youth to participate in the activities of the UMC, I/we release the  
UMC, their 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 the UMC, 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. 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 information as changes occur.

### **PHOTO/ VIDEO/ SOCIAL MEDIA PERMISSION**

**CIRCLE ONE:** I/we ( do ) or ( do not ) give permission for a recognizable image  
of my child/ youth to be used for the promotional materials, including print, church  
websites, and Social Media pages of the UMC. I/we understand that a non-  
recognizable image, such as a group picture, may be posted. Names of children/  
youth will not be noted.

---

Parent/Custodial Adult Parent/Custodial Adult