CHRIST UNITED METHODIST CHURCH
CHILDREN AND STUDENT MINISTRIES ANNUAL PERMISSION/MEDICAL FORM
VALID DATES: August 2011 – August 2012

Child _____ **Date** _____
Last Name **First Name**

I. Permission

_____ (print child's name) has my permission to participate in field trips and events off of church property scheduled by Christ United Methodist Church Children's or Student Ministry during the above dates. I understand that on these trips, the appropriate number of adult counselors will drive and will be responsible for all children and teens that the trips will vary in distance and time, that the trips will not be out of state and that the trips will not be overnight.

(* Note: a separate permission/medical form may be required for offsite, overnight or out of area events***)**

II. Background Information

My youth/child has the following physical, mental, or emotional conditions about which the adult counselors or medical professionals need to know: _____

_____

_____

My youth/child is under the care or treatment of a medical professional for the following condition(s):

_____

My youth/child is taking the following medications and/or has the following allergies: _____

_____

_____

Medical attention for my youth/child is covered under the following insurance policy

Ins. Co. Name _____ Plan type _____
Policy # _____ Holder's name _____
Preferred Hospital _____
Family Physician _____ Phone _____
Dentist/Orthodontist _____ Phone _____
Specialists _____ Phone _____
_____ Phone _____

III. Transportation Home

If it becomes necessary for my youth/child to come home for any medical or disciplinary reason, I agree to provide transportation and do so at my own expense.

IV. Medical Authorization

I give my permission for my youth/child to receive basic first aid if necessary. If professional medical care is required, I may be contacted at one of the following phone numbers**:**

Home _____ Work _____ Other _____
If I cannot be reached, medical treatment may be rendered to my youth/child. If major surgery is required, agreement by two licensed physicians must be obtained before surgery. I will be financially responsible for any treatment that is required.

V. Agreement-

The information on this form is accurate and I agree to all conditions asked of me.

VI. Image Release-

Please check the appropriate box below:

[ ] Yes, you have permission to use my child's image for publicity/advertising purposes. I understand these images might appear in the following places, including but not limited to: Church website, Spire, video, Social Networking sites (Facebook, You Tube, etc), bulletin boards, etc.

[ ] No, you do not have my permission to use my child's image.

Parent Signature _____ Date _____

NOTE: A copy of this form will be located in the office of either the Children's pastor or the Youth pastor during all field trips/outings. A church representative will use these forms to notify parents in the event of an emergency, unforeseeable delay in return time, etc…