

# 2019-2020 Permission Form

## For Christ Church United Methodist Youth Events

**NAME OF YOUTH** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

I give my permission for Christ Church United Methodist and its representatives to transport my child to all youth activities that may be held off of the church premises during the 2019-2020 Youth Ministry year. I understand that only adult volunteers or church staff will drive my child to the activity unless I give my permission for other arrangements.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Should emergency medical treatment be necessary and I cannot be reached, I authorize any of the adult youth workers to act on my behalf to approve appropriate medical treatment for...

**Name of Youth:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby release Christ Church United Methodist and its representatives of any liability for emergency, injury, or death while in transport to and/or participation in a church-sponsored activity. I understand I am responsible for expenses incurred in an emergency involving my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Additional Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Physician's Name and Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies and other conditions of which adult youth workers should be aware:

Permission to give over the counter medication? Yes No (please circle & initial) \_\_\_\_\_

Permission to publish photos/videos in church publications, online, social media?  
Yes No (please circle & initial) \_\_\_\_\_

Student's email address \_\_\_\_\_

Student's cell phone (\_\_\_\_\_) \_\_\_\_\_

Email address and cell phone number will **only be used by the Youth Department** for communication and notification of upcoming events.