

YOUTH MINISTRIES PERMISSION FORM 2019

Please Print

STUDENT'S NAME: _____ Nickname: _____ DOB: _____

PARENT'S/GUARDIAN'S NAME: _____

SCHOOL: _____ GRADE: _____

PARENT'S EMAIL _____ Cell: _____

Please initial each blank below.

SAFETY POLICY AND RELEASE

I hereby give my consent for the student listed above to participate in the scheduled Arcola UMC event. I understand that all responsible caution will be taken by those persons in charge to prevent injuries, but neither the leadership nor Arcola UMC will be held responsible in case of an accident. **I agree to accept all responsibility of, and expense for my student's transportation home, if in the opinion of the leadership, my student acts in an inappropriate manner, or in any way creates a situation that could endanger the other students or adults.**

___ As the parent/guardian my initials acknowledge my agreement and consent to the Safety Policy and Release.

EMERGENCY POLICY AND RELEASE

In the case I am unable to be reached in the event of a medical emergency, I hereby give my consent for my youth to be treated for personal injury at the nearest facility available and I will be responsible for all charges incurred. I also authorize the leadership of Arcola UMC to authorize treatment for my student.

___ As the parent/guardian my initials acknowledge my agreement and consent to the Emergency Policy and Release.

MEDIA STATEMENT

Arcola Church uses various media to record and celebrate publicly the work God is doing. If there is an objection to the youth's picture being used, please complete and return the Opt-Out Media Form online.

Medical Information and Emergency Contact

The student named above **is/is not** covered under medical insurance.

Name of Policy Holder: _____

Insurance Company: _____ Policy # _____

Allergies to medications, food, or other pertinent medical info: _____

The student is taking the following medication: (dosage, schedule, ...) _____

PARENT'S HOME PHONE: _____ PARENT'S CELL: _____

Other EMERGENCY CONTACT'S NAME: _____

Other EMERGENCY CONTACT'S PHONE: _____

I have read the details of this form and agree to the policy that has been outlined by the Youth Ministry of Arcola UMC. The below signature releases my student for involvement:

X _____ Date: _____

PRINTED NAME: _____