

BELMONT UNITED METHODIST CHURCH
YOUTH PERMISSION FORM FOR 2016

Youth: _____ Date: _____
Last Name First Name

I. Permission

_____ (Print child's name) has my permission to participate in field trips and events off or on church property scheduled by Belmont United Methodist Church during the calendar year 2016. I understand that on these trips, the appropriate number of adult counselors will drive and will be responsible for all teens, that the trips will vary in distance and time, that the trips will not be out of state and the trips will not be overnight.

(*Note: a separate permission/medical form may be required for off-site, overnight or out of area events other overnights held at BUMC***)**

II. Background Information

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

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

My youth is taking the following medication(s):

My youth has the following allergies:

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

Ins. Co. Name: _____

Plan type: _____

Policy # _____ Holder's name: _____

Preferred Hospital (when possible) _____

Family Physician: _____ Phone: _____

Dentist/Orthodontist: _____ Phone: _____

Specialist: _____ Phone: _____

III. Transportation Home

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

IV. Medical Authorization

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

Home: _____ Work: _____ Cell: _____

If I cannot be reached, a secondary emergency contact is:

Name: _____ Phone: _____

Relation to youth: _____

If neither I nor my secondary contact cannot be reached, medical treatment may be rendered to my youth. 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:

____ **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, blog, Video, Social networking sights (Facebook, YouTube, etc.), bulletin boards, etc.

____ **No** - you do not have my permission to use my child's image.

VI. Any other important information about your teen please list below:

Parent / Guardian Signature

Date: _____

Note: A copy of this form will be located in the office for the Youth Director and/or the main office 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. The information on this form will be confidential.