



Permission and Youth Release Form
September 2021 – September 2022

YOUTH INFORMATION

Name: _____ DOB: _____ Male: ____ Female: ____
Nickname _____ School: _____
Grade Primary Address: _____
Secondary Address: _____
Youth Email: _____
Youth Home Phone: _____ Youth Cell Phone: _____

PARENT/ GUARDIAN INFORMATION

Name: _____	Name: _____
Email: _____	Email: _____
Phone (Cell): _____	Phone (Cell): _____
Phone (Home): _____	Phone (Home): _____
Phone (Work): _____	Phone (Work): _____

EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)

Name: _____	Phone: _____	Relation: _____
Name: _____	Phone: _____	Relation: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name) ("Participant"), to attend and participate in any Matthews United Methodist Church Youth ministry activities, (including but not limited to worship, Activities, Events, Retreats, Lock-Ins, Trips, mission activities) of September 1, 2021 through September 30, 2022.

LIABILITY RELEASE: In consideration of MUMC allowing the Participant to participate in youth ministry (including but not limited to worship, Activities, Events, Retreats, Lock-Ins, Trips, mission activities), I, the undersigned, do hereby release, forever discharge and agree to hold harmless MUMC, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property loss, damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved (including transportation to and from) the youth activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of personal injury, sickness, death, personal or property damage/loss and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.



MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, I will assume all transportation costs and responsibility. I understand that a youth leader, volunteer, chaperone and/or other adult will not be available to accompany my child home.

LUGGAGE AND PERSONAL BELONGINGS: I acknowledge that neither I nor my child or youth have any expectation of privacy with respect to luggage, bags, pockets, coats or any other personal items (including but not limited to cell phones, cameras, data messaging/gathering devices, laptops, computers and/or personal effects including toiletries) brought to any youth events or activities. I certify that I am responsible for the contents of my child's luggage, and it will not contain any illegal or prohibited substances or items. I hereby give my consent to the search of my child's luggage and/or other possessions at the sole discretion of the MUMC youth staff. I understand and agree that the youth ministry's role in caring for our youth, staff, volunteers and other third parties trumps any notion of privacy or confidentiality with respect to these belongings. Finally, I understand that my child's prevention of, or interference with, the inspection of his/her personal belongings will result in his/her early return home as described above.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to be transported in charter buses, rental vans, public transportation and/or other appropriate modes of transport as selected/assigned by MUMC youth staff, as well as in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by MUMC. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation in a vehicle with seat belts.

_____ x _____	_____	_____
Name of Youth Participant	Signature of Youth Participant	Date
_____ x _____	_____	_____
Name of Parent/Guardian	Signature of Parent / Guardian	Date



Youth: Medical Release Form
September 2021 – September 2022

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth Full Name: _____ Nickname: _____

Home Address: _____

Home Phone: _____ DOB: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____ Name: _____

Phone (Cell): _____ Phone (Cell): _____

Phone (Home): _____ Phone (Home): _____

Phone (Work): _____ Phone (Work): _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s): _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (required): _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

Required: Attach a copy of medical insurance card here.





MEDICATION: List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event.** Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.

Medication Name:	Dose:	Treatment for:	Dispensing instructions:
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

Over-the-Counter Medication Permission: Do you give permission for an adult youth leader to give your child/youth over-the-counter medications needed and as directed on the label, to treat medical conditions that do not appear to require a doctor or hospital visit such as a headache, stomachache, or allergic reaction (including, but not limited to aspirin, acetaminophen, ibuprofen, antacids, antihistamines, antibiotic ointments, etc.) while at a youth ministry event?

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YES. I give permission for an adult youth leader to give my child / youth approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions. (If your child is allergic to any medications, please list those medications here:

Parent Signature: _____ Date: _____

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NO. Contact me before administering any over the counter medication to my child/youth. If I cannot be reached, I understand that my child will not receive any over-the-counter medications from an adult youth leader.

Parent signature _____ Date: _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. Please list all known medical conditions (Asthma, Diabetes, Epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

I hereby represent that my child/youth is in good health, that I have identified all known medical conditions, and that I have adequately informed MUMC youth staff (in writing) of any special concerns. **I understand that trained medical personnel will not necessarily be present at all MUMC youth events, and I authorize MUMC youth staff and/or volunteers to call for medical care or to transport my child to a medical facility or hospital if, in the opinion of such staff/volunteer, my child needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of my child, in their professional opinion.**

_____	x	_____	_____
Name of Youth Participant		Signature of Youth Participant	Date

_____	x	_____	_____
Name of Parent/Guardian		Signature of Parent / Guardian	Date