

Summerfield Peace United Methodist Church, Inc.

Permission/Medical Release

EVERY youth AND adult attending the events must have one of these forms completed and signed. Church group leaders should have access to all forms for the group in case of emergency. Review the information in the behavior statement with your youth. Please type or print legibly. Youth under the age of 18 must also have permission portion at the bottom signed.

Date of event: _____ Name of Event: _____

Gender: _____ Male _____ Female Age: _____ Grade: _____

Name: _____ Home Phone: _____

Address: _____

Medical Insurance Company: _____ Policy No.: _____

Name of Policy Holder: _____ Relationship: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone No.: _____ Alternate Number: _____

Known Allergies: _____ Limitations? _____

Please list medications currently used or may take: _____

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Behavior Statement: I understand that this event is for the Christian nurture and growth of every individual in attendance, and all instructions given by event staff or adult group leaders are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will not use any tobacco (if a minor), nor alcohol or illegal drugs. I will not bring weapons of any sort. I will attend all sessions of the event with my group. I will make every effort to show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better! I will observe the curfew set by my leaders. I will wear clothing appropriate for a Christian event, including modest shorts, tops, and bathing suits. I recognize that willful failure to comply with instructions can cause serious problems, and upon consultation with counselors and staff, may result in immediate contact of parents to make arrangements for the youth to be returned home at their own expense.

I have read the above paragraph and I agree to be responsible for my behavior in accordance with the guidelines stated above. My parents and I understand that violation of the guidelines may result in my being sent home.

Signature of person attending the event: _____

(Over)

Permission for Minors: I hereby give permission for my child _____ to attend the above events and participate fully in the included activities.

Emergency Medical Care: In the event that _____ (person attending event) suffers any illness or accident requiring emergency hospitalization while at this United Methodist Church event, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests, and treatment for the health of the above named. I realize that every effort will be made to contact me and/or the contact person above in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize/secure treatment for/order injection or anesthesia for the above named. I will not hold Summerfield Peace United Methodist Church, Inc. responsible in the event of accident, loss, or death.

If this form is for adult participant at the event, please sign here.
If for a youth under the age of 18, parent/guardian must sign here.