

Name of Youth _____

Travel Permission and Medical Release

*This form must be kept on file for participation in off-campus activities.

Address _____ City _____ State _____ Zip _____

Phone _____ Birthdate _____ Email _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Other Contact Person's Name _____ Phone _____

Medication(s) Participant Cannot Take: _____

Allergies/Special Health Problems/Concerns: _____

Insurance Company _____ Policy Number _____

Address _____ Phone _____

Policy Holder's Identification Number: _____

Doctor's Name _____ Phone _____

Address _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in a First United Methodist Church Youth Ministry related activity, every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons above, consent/permission is given for treatment by competent medical personnel. This includes permission to hospitalize and secure any form of proper treatment under the recommendation of qualified medical personnel. I agree that my medical insurance company will be used for such medical care and I am aware that the medical provider may bill me for any medical treatment not covered by my insurance.

Assumption of Risk/Liability Release

I am aware in signing this document for my child's participation in the FUMC-Austin Youth Ministry that certain elements of the program are demanding – physically, mentally, socially, and emotionally. I acknowledge that while the ministry and its staff will make every reasonable effort to care for my child's needs, I also have a personal duty and responsibility to follow safety standards, guidelines and procedures associated with the programming. I also acknowledge that if I have questions or concerns, I will share them freely and promptly with the Youth Ministry Staff.

By signing this form, I also give my permission for my child to ride in the vehicle of anyone who is authorized by First United Methodist Church to drive for church-related functions.

Parent's Signature _____ Date _____

I also give my permission to the church to place pictures of my child/family in publications like the website/newsletter as long as names and personal information are withheld. (initial one) _____yes _____no