

**Providence UMC Youth Fellowship
Parental Consent and Medical Release Form**

Signature of Participant and Parent Required to Participate in Youth Ministry Activities

Participant Name: _____ DOB: ____/____/____

Address: _____

Phone: (_____) _____ School: _____ Grade: _____

Parent/Guardian Name: _____ Name: _____

Work Phone: _____ Work Phone: _____

Cell Phone(s): _____ Cell Phone: _____

Other Emergency Contact: _____ Phone: (_____) _____

The undersigned do(es) hereby give permission for our (my) child(ren):

_____ (“Participant”), to attend and participate in **YOUTH MINISTRY EVENTS** sponsored by **Providence United Methodist Church** from August 01, 2008 – August 31, 2009.

OVER-THE-COUNTER MEDICATION RELEASE: The following OTC medications that I circle indicate my authorization of Youth Counselors, who are not licensed medical professionals, to give my child said medication if requested by my child (other than those provided by me for my child’s use with written instructions on dosage time and amount). I understand that my child will not be given any more medication than what is listed and will not receive medication except as scheduled on the medication packaging as recommended. If I circle medications below, I agree to release Providence United Methodist Church, its affiliates, and anyone acting on behalf of the church for the event indicated above of any liability or harm as a result of my child’s ingestion of the indicated medications. If my child needs other medication than those listed below, and I have not sent these medications, I understand that I will need to be contacted and give verbal approval for the medications to be administered (except in emergency situations; information regarding emergency medical treatment procedures is found in the Providence UMC Parental Consent and Medical Release Form).

Acetaminophen (like Tylenol)

Aspirin

Ibuprofen (like Motrin)

Excedrin Migraine

Benadryl (or store brand)

Topical ointments

If the medication is not circled, it will not be given to your child without verbal consent from you, witnessed by two or more Youth Counselors. This consent is valid August 01, 2008 – August 31, 2009.

LIABILITY RELEASE: In consideration of **Providence United Methodist Church** allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Providence United Methodist Church**, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities. (Off-premise trips require separate permission form and liability release). Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree 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: We (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 agree(s) 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. This medical release is valid from August 01, 2008 to August 31, 2009.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

EXPECTATIONS: We (I) have received a copy of, read and understand the rules of conduct, set forth in the document titled "Expectations" dated June 2007. By signing below, we (I) and Participant agree that Participant will follow all rules and guidelines as written in said document and agree to all consequences set forth therein.

*****PLEASE ATTACH A COPY OF MEDICAL INSURANCE CARD*****

Medical Insurance: YES _____ NO _____ Insurance Company: _____
Policy/Group ID#: _____ Emergency Phone #s in case parent/guardian cannot be reached: _____
Allergies (list all food, seasonal, medical, etc): _____
Medical Conditions (list all): _____
Parent/Guardian Signatures _____ / _____ Date _____
Participant Signature _____ / _____ Date _____