Christ UMC Youth Permission Form

Christ United Methodist Church, 2615 West 32nd St. Erie, PA, 16506 Phone # 833-6398

As parent or guardian of the minor named below, I hereby authorize my child to participate in the following activity being conducted by the Christ United Methodist Youth Ministry: _____
Date: _____Time:_____Cost:_____

I hereby release and discharge Christ UMC and their adult youth advisors and volunteers for any damage, losses, or injuries to person or property that may be sustained while participating in these activities.

I, the undersigned parent or legal guardian of the minor named below, authorize treatment and/or hospitalization that is necessary in the case of accident or illness of my child by a licensed medical physician. However, every attempt will be made to reach me by telephone prior to any treatment.

In the event that I cannot be reached in an emergency, I hereby give my permission to the licensed physician or dentist selected by the church leader to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

_____ ___ _____
PRINT NAME OF YOUTH SIGNATURE OF PARENT/GUARDIAN

_____ _____ _____ _____
SIGNATURE OF YOUTH DATE AGE MALE/FEMALE

_____ _____ _____ _____
ADDRESS CITY STATE ZIP

TELEPHONE NUMBERS I CAN BE REACHED: _____

IN CASE I CANNOT BE REACHED, PLEASE NOTIFY: _____
Name/phone

HEALTH INFORMATION

Any current health conditions we should be aware of? If yes, please explain.

_____

_____

Medications? _____
Allergies? _____
Health Insurance Company _____
Insurance group # and ID#. _____
Family Doctor & phone : _____