

Student's Name: _____

Parental Consent, Medical Emergency and Liability Release Form

September 1, 2019 – August 31, 2020

STUDENT'S FULL NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____

HOME PHONE _____ SCHOOL _____ GRADE _____

PARENT(S) / GUARDIAN NAME(S) _____

CELL PHONES: Mom: _____ Dad: _____ Student's Cell: _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child, _____ ("Participant"), to attend and participate in **Lynnhaven United Methodist Church's (LUMC)** youth ministry activities **during the period of September 1, 2019 through August 31, 2020.**

LIABILITY RELEASE: In consideration of **Lynnhaven 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 LUMC, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for 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 youth 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 all youth ministry activities, including field trips away from the church premises. We (I) understand that special permission will be required for overnight trips.

Furthermore, we (I) [and on behalf of our (my) minor youth-Participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation, food, lodging and any medication that may be needed including pain reliever, fever reducer. Further permission is granted to dispense prescription medication the minor youth has brought with him/her. The undersigned further hereby agree(s) 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 youth pursuant to this authorization.

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

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by LUMC. My youth and I understand that **SEAT BELTS SHALL BE WORN AT ALL TIMES** during transportation.

_____ I agree to all of the above terms.

_____ I agree to all of the above terms, but deny permission to issue my child any type of pain reliever or fever reducer unless I am notified first.

Emergency Information

Emergency contact if parent is unavailable: _____

Relationship to Student: _____ Phone number(s): _____

Physician: _____ Phone Number(s): _____

Medical Insurance Provider: _____ Policy/Group ID #: _____

Existing allergies or medical condition(s): _____

Prior Surgeries: _____

Current Medications: _____

Special needs, including dietary: _____

Pain relievers allowed to be issued: _____

Parent/Guardian Signatures: _____ / _____ Date: _____