

Wilmore Free Methodist Church Permission Form 2016-2017 School Year

(Please print.)

Name: _____ Date of Birth: _____ Grade: _____
Youth Name

Address: _____ Gender: M F
Street City State Zip

Parent/Guardian's Name: _____
Cell # Home # Work #

Youth and Parent Contract:

I agree to cooperate with the leadership in all planned activities.

Youth Signature Parent Signature Date

Parental Permission:

I give my permission for my child _____ to participate in youth
Name

events sponsored by Wilmore Free Methodist Church, and to ride church-approved transportation during these events.

Parent Signature Date

IN CASE OF EMERGENCY:

Please list three (3) names of contacts in case of emergency. Please note: Contacts will be used in the order they are listed.

1. Emergency Contact Name: _____
Phone Number _____/Alternate Number _____ Relationship to child: _____

2. Emergency Contact Name: _____
Phone Number _____/Alternate Number _____ Relationship to child: _____

3. Emergency Contact Name: _____
Phone Number _____/Alternate Number _____ Relationship to child: _____

Wilmore Free Methodist Church Medical Form

(Note: All information will be kept confidential and will only be shared among event staff.)

Medical Information

Doctor's Name: _____ Phone Number: _____

Medical Insurance Co. _____ Insurance PN: _____

Please check if your child suffers from:

Allergies ___ Diabetes: ___ Asthma: ___ Heart problems: ___ Other:

Please provide details as necessary: _____

Are your child's shots up to date: ___ yes ___ no

Please list any routine or as-needed medications taken by your child and dosage instructions:

- ❖ This information is correct and up-to-date to the best of my knowledge. The above named person has my permission to engage in all planned activities, unless noted otherwise.
- ❖ I also hereby give permission to the medical personnel selected by the Event Director or supervising adult to order X-rays, routine tests, and treatment of my child if I cannot be reached in an emergency.
- ❖ I also give permission to the emergency physician to hospitalize, to secure treatment, and to order injection/anesthesia/surgery to the above named person.
- ❖ This form may be photocopied for use off-site. This release is in effect during entire extent of event.

Parent/Guardian Signature

Date