

# Wilmore Free Methodist Church Permission Form 2017-2018 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