

# Wilmore Free Methodist Church Permission Form 2018-2019 School Year

(Please print.)

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

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 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 #: \_\_\_\_\_

Please check if your child suffers from:

Allergies:(Food/Medication/Latex)\_\_\_\_\_ 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