

Wilmore Free Methodist Church Youth Permission Form
2021-2022 School Year

(Please print.)

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

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
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 No. _____ Alternate No. _____ Relationship to youth: _____

2. Emergency Contact Name: _____
Phone No. _____ Alternate No. _____ Relationship to youth: _____

3. Emergency Contact Name: _____
Phone No. _____ Alternate No. _____ Relationship to youth: _____

Wilmore Free Methodist Church Youth Medical Form

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

Medical Information:

Doctor's Name: _____ Phone No. _____

Medical Insurance Co. _____ Insurance No. _____

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