

**LEAGUE CITY UNITED METHODIST CHURCH
YOUTH PERMISSION AND MEDICAL RELEASE FORM FOR 2005**

Activities held during the Youth Fellowship time at League City United Methodist Church may require travel away from the church grounds. These events will be placed on a calendar that will be available through meetings, newsletters, emails, and the church website. By completing this form you, as a parent or legal guardian, are giving your child permission to ride in the church bus or another adult's vehicle and be under the care of the youth director and/or other adult sponsors present on the outing.

PERSONAL INFORMATION

Participant's Name _____

Date of Birth ____/____/____ Home Phone () _____

Home Address _____

City/State/Zip _____ Social Security Number _____

Parent/Guardian Name(s) _____

Mom's Work Number () _____ Mom's cell phone () _____

Dad's Work Number () _____ Dad's cell phone () _____

MEDICAL INFORMATION

Do we have your permission to take your child to the nearest doctor or hospital should, in our opinion, the situation warrant this action? Yes _____ No _____

The doctor seen or on call has full permission to treat your child or render emergency care:
Yes _____ No _____

Any current medical conditions or problems? _____

Any allergies (food, medicine, etc.) _____

Past medical history/injuries we should be aware of _____

Date of last Tetanus shot ____/____/____ Name of physician and phone number _____

All medications will be taken up before leaving on each trip with a sheet of instructions on how the medications are to be taken and will be signed by the parent or guardian. Any prescription medications must be in the original prescription bottles. One adult will be responsible for handing out the medications for the entirety of the trip and they will not be handled by anyone else.

INSURANCE INFORMATION

Insurance Company _____

Company Address _____

City/State/Zip _____

Agent's Name _____ Phone Number () _____

Group # _____ Policy / ID # _____

Emergency Contact (if parent/guardian cannot be reached) _____

Relationship to the Youth _____

Day Phone Number () _____ Night Phone Number () _____

Cell Phone or Other Alternate Number () _____

WAIVER OF RESPONSIBILITY

I, _____, legal parent or guardian of _____ Give my permission for him/her to go on all camps, trips, retreats and participate in all activities. I hereby release the church, its staff and adult sponsors of any liability in the event of accident or injury.

Signed: _____ Date: ____/____/____

YOUTH STATEMENT OF RESPONSIBILITY AND ACCOUNTABILITY

I, _____, participant in Youth Fellowship at League City United Methodist Church, acknowledge that I am a representative of the youth group, the entire church and Christians when I am on a trip with the group. I understand that my actions reflect not only on me, but also on the other members of the group and the church. As a member of the Youth Fellowship, I will be responsible and accountable for behaving in a manner that reflects a Christian attitude and lifestyle. This includes wearing appropriate clothing, watching what I say and being kind to those around me. I understand that I am responsible for all my actions and that consequences will accompany any inappropriate behavior. Those consequences will be determined by the Youth Director and may include immediately being sent home from the activity at my parent's expense or being restricted from participating in future activities.

Printed Name of Youth Member _____

Signature of Youth Member _____ Date ____/____/____

I, _____, as the parent or guardian of _____ have read and understand the Youth Statement of Responsibility and Accountability. I understand that inappropriate behavior may result in my child being sent home at my expense.

Signature of Parent or Guardian _____ Date ____/____/____