

**Keith Memorial UMC Reusable Permission and Liability Form**

This form is reusable. The Director of Youth Ministries and/or Director of Children’s Ministries will keep this file for the duration of the calendar year in which it is signed and dated. No one will attend any Keith Memorial UMC youth or children’s trip without a completed and up-to-date Permission and Liability Form.

As parent/guardian of \_\_\_\_\_, I hereby grant permission for my child to attend Keith Memorial UMC (hereby referred to as KEITH) sponsored outings during the calendar year in which this document is signed below. I grant permission for my child to be treated by any examination, X-ray, or other medical or surgical treatment or hospital care deemed necessary under the supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act in the event my child is injured or involved in an accident while on a KEITH sponsored outing. I further waive any and all claims against KEITH, its members, agents, employees, volunteers or assistants that may arise out of any decision by said individuals to have my child treated or examined by said medical personnel.

List any known allergies \_\_\_\_\_  
Is your child allergic to any medications? \_\_\_\_ If so, which medications? \_\_\_\_\_  
Is your child taking any medications? \_\_\_\_ If so, which medications? \_\_\_\_\_  
Please list any “OVER-THE-COUNTER” medications that should NOT be given: \_\_\_\_\_  
Date of last tetanus booster (if known) \_\_\_\_\_  
Any other medical condition or activity limitation we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Insurance Company your child is covered under \_\_\_\_\_ Group and Policy Number \_\_\_\_\_  
**(Please also attach a copy of the front and back of your insurance card.)**

**EMERGENCY CONTACT INFO**

Parent/Guardian Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Phone Numbers: Home) \_\_\_\_\_ Work) \_\_\_\_\_ Cell) \_\_\_\_\_  
EMERGENCY CONTACT (If parent or guardian cannot be reached): \_\_\_\_\_, Phone: \_\_\_\_\_

**By initialing here** \_\_\_\_\_, I further grant permission for images of my child (whether in print or digital format) to be taken at KEITH sponsored activities and in turn used only for purposes deemed appropriate by KEITH.

**By initialing here** \_\_\_\_\_, I also give permission for my child or myself to be contacted via text message at the following cell phone numbers (*please designate whom each number belongs to*):

\_\_\_\_\_  
(We often send mass-texts to update youth program participants of activity changes, volunteer needs, etc.)

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_