

Keith Memorial United Methodist Church Permission and Liability Form 2017

The Director of Youth Ministries and/or the Director of Children's Ministries will keep this form on 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 form. EACH CHILD MUST HAVE A FORM. *Please do not list two or more children on one form.*

As parent/guardian of [CHILD'S NAME] _____, I hereby grant permission for my child to attend Keith Memorial UMC (hereby referred to as "Keith") sponsored events and 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 medical personnel.

PLEASE WRITE LEGIBLY

Child's DATE OF BIRTH (MONTH, DAY, YEAR): _____ Child's AGE _____

Any known allergies? Please list: _____

Is your child allergic to any medications? Please list: _____

Is your child currently taking any medications? Please list: _____

Are there any OVER THE COUNTER medications that should NOT be given? Please list: _____

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: _____ Policy or ID # _____ Group # _____

*****PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.*****

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____ Other Parent/Guardian Name: _____

Home Address: _____
Street City Zip Code

Phone Numbers: Parent/Guardian Name and Cell: _____
Name Cell #

Other Parent/Guardian Name and Cell: _____
Name Cell #

Emergency Contact if parent/guardians cannot be reached: _____
Name Cell #

_____ (INITIAL HERE) I grant permission for IMAGES of my child (print or digital) to be taken at Keith sponsored activities and in turn used only for purposes deemed appropriate by Keith:

_____ (INITIAL HERE) I also give permission for my child or myself to be CONTACTED VIA TEXT message at the cell numbers listed above. (We sometimes send group texts to update participants and parents of activity changes, volunteer needs, etc.)

Parent/Guardian Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public: _____

My commission expires: _____