HYDE PARK COMMUNITY UNITED METHODIST CHURCH
YOUTH MINISTRY ANNUAL PERMISSION/MEDICAL FORM
VALID DATES: November 2017 – November 2018

Youth _____ **Date** _____
Last Name **First Name**

I. Permission

_____ (print child's name) has my permission to participate in activities and events on and off of church property scheduled by Hyde Park Community United Methodist Church Youth Ministry during the above dates. I understand that on these trips, the appropriate number of adult leaders will drive and will be responsible for all youth and that the trips will vary in distance and time.

II. Background Information

My child has the following physical, mental, or emotional conditions about which the adult counselors or medical professionals need to know:

_____

_____

My child is under the care or treatment of a medical professional for the following condition(s):

_____

My child is taking the following medications and/or has the following allergies: _____

_____

Medical attention for my child is covered under the following insurance policy

Ins. Co. Name _____ Plan type _____
Policy # _____ Holder's name _____
Preferred Hospital _____
Family Physician _____ Phone _____
Dentist/Orthodontist _____ Phone _____
Specialists _____ Phone _____
_____ Phone _____

III. Transportation Home

If it becomes necessary for my child to come home for any medical or disciplinary reason, I agree to provide transportation and do so at my own expense.

IV. Medical Authorization

I give my permission for my child to receive basic first aid if necessary. If professional medical care is required, I may be contacted at one of the following phone numbers**:**

Home _____ Work _____ Cell _____
If I cannot be reached, medical treatment may be rendered to my child. I will be financially responsible for any treatment that is required.

V. Image Release-Please check the appropriate box below:

[ ] Yes, you have permission to use my child's image for publicity/advertising purposes. I understand these images might appear in the following places, including but not limited to: Church website, video, Social Networking sites (Facebook, You Tube, etc), bulletin boards, etc.

[ ] No, you do not have my permission to use my child's image.

Parent Signature _____ Date _____

Parent name (please print) _____

NOTE: A copy of this form will be located in the office of the Children and Student Ministry Coordinator during all activities/outings. A church representative will use these forms to notify parents in the event of an emergency, unforeseeable delay in return time, etc…