

**Church Activity Youth & Adult Permission Form**  
**(August 1<sup>st</sup>, 2011 – August 1<sup>st</sup>, 2012)**

***\*Adult complete where indicated***

\*Name: \_\_\_\_\_

\*Address \_\_\_\_\_

\*Parent/Legal Guardian: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Child Cell: \_\_\_\_\_

\*Name of alternate emergency contact: \_\_\_\_\_

\*Family Physician \_\_\_\_\_

\*My child has/I have—the following health conditions that the adult leadership should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*List any medications that might be needed \_\_\_\_\_

\*Time to take \_\_\_\_\_

Amount \_\_\_\_\_

\*I give my permission for my child to attend FUMC Youth sponsored field trips during the year.

I understand reasonable measures will be taken to safeguard the health & safety of my child. In case of medical or surgical emergency, I will be notified. If I cannot be reached, I hereby give my permission to the attending physician to provide whatever medical and/or surgical treatment is necessary.

Transportation will either be by the church bus, or an adult volunteer driver in their own personal vehicle.

\*Parent signature \_\_\_\_\_

It is important to follow the directions of the leaders at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior & conduct.

Youth signature \_\_\_\_\_

\*I give permission to publish my child's picture in the local paper or on the church website.

\*Parent signature \_\_\_\_\_

The name of your insurance provider \_\_\_\_\_

Insurance ID numbers \_\_\_\_\_