

Oak Grove UMC Youth Ministry

September 2016 – August 2017

Permissions to Participate / Medical & Transportation Release Form

Youth:

_____ Gender: M F
Youth Name Date of Birth

Home Address City, State, Zip

Parent / Guardian:

Parent / Guardian Name Parent / Guardian's Name

Home Phone Work / Cell Home Phone Work / Cell

Alternative Emergency Contacts

If unable to contact the above individuals, I/we hereby grant permission to contact:

Primary Emergency Contact Secondary Emergency Contact

Home Phone Work / Cell Home Phone Work / Cell

Medical Information

Hospital/Clinic Preference

Physician's Name Phone Number

Insurance Company Policy Number
Date of last Tetanus Shot: _____

Pre-existing or present medical conditions

Allergies (seasonal, Food, Medications)

Current Medications

In the event of an accident, injury, or illness, the adult leaders are hereby authorized to secure any and all medical services that my child may need. I understand and acknowledge that I/we will be responsible for any and all medical, surgical, medication, and transportation costs which may be incurred on behalf of my child.

I/We further agree to indemnity, hold harmless, release, and forever discharge Oak Grove United Methodist Church from any claims which I or my heirs or any other persons acting on my behalf have or may have against the United Methodist Church by reason of accident, illness, or any other consequences arising directly or indirectly from the participation of the minor child named above in the Oak Grove United Methodist Church Youth Ministry Program from **September 1, 2016 through August 31, 2017**, including but not limited to traveling off-site for activities. This authorization is valid until revoked by me, in writing.

Parent(s)/Guardian(s) Signature Date

Permission to Participate

The child named above has my/our permission to participate in the Oak Grove UMC youth ministry program from **September 1, 2016 through August 31, 2017**. I understand that traveling off-site for various activities may be required and give permission for the child named above to travel with the Oak Grove UMC youth ministry adult leaders and church staff to off-premise activities.

Parent(s)/Guardian(s) Signature

Date

Website Content Usage / Photo Consent Permission Form

I give Oak Grove United Methodist Church. Permission to use images, music, video and/or vocal Performances of my child and grant the Oak Grove United Methodist Church all rights to use these sound, still, or moving images as content on its website, OakGroveUnitedMethodist.com and/or on our online photo page and Facebook Pages sponsored by Oak Grove United Methodist Church . The undersigned certifies that he/she has read this Instrument and understands all of its terms.

Parent(s)/Guardian(s) Signature

Date