

# HOLIDAY PARK UNITED METHODIST CHURCH YOUTH PERMISSION FORM & MEDICAL WAVIER

Activity: 2015 Philippi Work Mission

Date(s): June 14<sup>th</sup> through June 19<sup>th</sup>

YOUTH NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

DATE OF LAST TETANUS: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS (if different from above): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

I.D. NUMBER: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

INSURED'S NAME: \_\_\_\_\_

TO CALL IN AN EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

I give my permission for (Youth's Name) \_\_\_\_\_ to participate in the activity indicated above with the Holiday Park United Methodist Church and permit the leaders in charge of this event to seek medical treatment for the youth named above should it become necessary. I understand that the church and the leaders of this event will not accept personal liability in the event of an accident. The information given above is true and accurate to the best of my knowledge. This permission form is valid ONLY for the activity listed above.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I also have discussed with my child the meaning of personal conduct and respect for authority with regards to this event. If contacted, I will make arrangements to remove my child from this event should her/his conduct exceed the limits of acceptability or should her/his actions exhibit a blatant disregard for authority within the scope of this event.

YOUTH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_