

Bermuda Hundred UNITED METHODIST CHURCH YOUTH MINISTRIES  
**Emergency Information and Consent for Liability and Medical**  
**Release**

**September 1, 2014 - September 1, 2015**

I/We, \_\_\_\_\_, I am/are the parent or legal guardian of \_\_\_\_\_,  
Name(s) of parent or guardianName of minor  
hereinafter, "my youth". I/We give my youth permission to attend and participate in activities sponsored by Bermuda Hundred United Methodist Church, located at 2025 Florence Ave., Chester, Va. 23836, from September 1, 2014 to September 1, 2015. I/We understand that a permission slip for each activity that will take them off the church premise will be required.

I/We the undersigned have legal custody of the youth named above, a minor, and have given my/our consent for him/her to attend events being organized by Bermuda Hundred United Methodist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Bermuda Hundred United Methodist Church, its employees and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our youth's participation or during the transportation to or from youth activities. In the event that he/she is injured, I/we authorize Bermuda Hundred UMC, its employees and volunteers to provide first aid and/or seek medical attention for my youth if deemed necessary. I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Bermuda Hundred United Methodist Church, its employees and volunteers, I/we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance and medical information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the youth named above. I/we also agree to contact the Director of Children and Youth Ministries to update all health insurance and medical information on this form if any changes occur. I/we also agree to bring my/our youth home at my/our own expense should they become ill or if deemed necessary by the Church, its employees or volunteers.

**YOUTH PICTURES AND IMAGES:**

\*\*\*\*\*This year we will be finding new ways to update our website as well as youth boards and we would like to use pictures from youth activities. Please take time to check the box that applies to you and your youth.

- I Grant Permission to use pictures of my youth on website and youth board
- I Grant Permission to use pictures of my youth on board only
- Please do not use pictures including my youth on website and youth board

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Print name of Parent/Guardian

**Personal Information (Please print in ink)**

Youth's Name: \_\_\_\_\_ Birthday \_\_\_\_\_  
LASTFIRSTMIDDLE

Male  Female Youth's E-mail \_\_\_\_\_ Youth Facebook Profile \_\_\_\_\_

Address \_\_\_\_\_  
StreetCityStateZip

\*Cell Phone Number for Youth Group Texts \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's E-mail \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's E-mail \_\_\_\_\_

\*\*What Grade is your youth in? \_\_\_\_\_ What Year is your Youth Graduating from High School \_\_\_\_\_

\*\*What instruments, Sing, Sports, activities do you play: \_\_\_\_\_

## **Please Complete Other Side**

### **Emergency and Health Insurance**

Emergency contact \_\_\_\_\_ Relation \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

### **Medical History/Information**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your youth is subject and of which we and medical professionals should be aware, and what, if any action or protection is required on account thereof. If necessary, submit this notification in writing and attach it to this form.

**Check the following areas of concern for this youth.** If necessary, add another page with details:

1. For your youth's safety and our knowledge, is your youth a \_\_\_\_\_  
 good swimmer       fair swimmer       non-swimmer

2. Does your youth have allergies to \_\_\_\_\_  
 pollens       medications       food       insect bites

Other: \_\_\_\_\_

3. Does your youth suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma       epilepsy / seizure disorder       heart trouble       diabetes  
 frequently upset stomach       physical handicap       headaches

4. Date of last tetanus shot: \_\_\_\_\_

5. Please list and explain any major illnesses your youth experienced during the last year:

\_\_\_\_\_  
Names of medications and dosages that must be taken.

7. Should this youth's activities be restricted for any reason? Please explain: & Additional Comments?

*(please include any medication/treatment that should NOT be given):*

\_\_\_\_\_