

GETHSEMANE UNITED METHODIST CHURCH
YOUTH MINISTRY

Emergency Medical Information

Personal Information

Participant's Name: _____ Date Of Birth M/D/Y ____/____/____

Home Address: _____ Home Phone: (____) _____

City/State/ Zip: _____

Parent/Guardian Name(s): _____

Mom's Cell Phone #: _____ Mom's Work #: (____) _____

Dad's Cell Phone #: _____ Dad's Work #: (____) _____

Medical Information

Any current medical conditions or problems? If so, describe: _____

Any allergies? _____

Taking any prescribed medication? _____

Past medical history/injuries we should be aware of: _____

Date of last Tetanus shot: _____

Name of physician: _____ Phone #: _____

Insurance Information

Group Or Family Hospitalization Insurance Company: _____

Insurance Company's Address: _____

Agent's Name: _____ Phone #: _____

Group#: _____ Policy #: _____

In Case Of EMERGENCY (If Parent Can't Be Reached) Call: _____

Day Phone Number: _____ Night Phone #: _____

Waiver of Responsibility

I, _____, legal parent or guardian of _____ give my permission to him/her to go on all camps, trips, & retreats, and to participate in all activities. I hereby release the church, its staff, and volunteer counselors of any liability in the event of accident or injury.

Signed: _____ Date: _____

Power of Attorney

I, _____, of the County Of _____ State Of Delaware, natural parent (or legal guardian) of _____, my minor child, do hereby appoint the adult in charge of the event as his/her agent as my true and lawful attorney In factto act for me and in my name, place and stead; and to do any, ever and all acts and exercise any, every and all powers that I might or could do in giving consent to emergency medical treatment for my minor child that he/she shall deem proper or advisable to do or exercise on my behalf.

This Power Of Attorney and appointment of the authorized adult sponsor as my attorney-in-fact for the limited purpose of consenting to emergency medical treatment for the above named minor child and shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

IN WITNESS WHEREOF I have here unto set my hand this ___ Day of ____, 20__

Signed: _____

Gethsemane United Methodist Church Youth Group

PHOTO/VIDEO RELEASE FORM (UNDER 18 FORM)

I,

GRANT/DO NOT GRANT (please circle) permission to the Gethsemane United Methodist Church Youth Group to use, reproduce and communicate the photographs and videos taken of my child

_____ (name) at all GUMC Youth Group gatherings, social and spiritual activities and camps for the purposes of GUMC Youth Group publications (e.g. Promotional Youth Group Videos, Newsletters, GUMC Youth Group Facebook group page etc.).

I also, **GRANT/DO NOT GRANT** (please circle) permission to the Gethsemane United Methodist Church Youth Group for my child's name to be published alongside any photographs that are released.

I understand that I am entitled to request the withdrawal of any photographs that I do not want to be published of my child, and sign a new form if I change my mind about general permission for publication of photographs of my child.

Signed: Date:

Address:

.....

Telephone:

Email:

I would **not** like my child's photographs/videos to be published in the following (please circle):

GUMC Youth Group promotional videos

Newsletter

GUMC Youth Group Facebook group page

Other:

THANK YOU FOR YOUR ASSISTANCE