

Pleasant View United Methodist Church - Youth Ministries
18416 Lee Highway, Abingdon, VA 24210

Permission, Medical and Liability Release Form

Date _____

General Information

Participants Name _____ Grade _____ School _____
Birth Date _____ / _____ / _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Participant's Cell Phone _____
Participant's Email _____

Mother's Name _____ Mother's Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mother's Cell Phone _____ Work Phone _____

Member PVUMC? Yes No

Father's Name _____ Father's Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Father's Cell Phone _____ Work Phone _____

Member PVUMC? Yes No

Emergency Contact 1 _____ Phone _____ Relationship _____

Emergency Contact 2 _____ Phone _____ Relationship _____

PVUMC seeks to minister to your child in the best way possible. Knowing a child's home/family situation can be very helpful in knowing how to best minister to your child. Any information you provide will be treated confidentially.

Parent's Marital Status (please circle) Married Divorced / Separated Deceased (mother / father)
Never Married Incarcerated (mother / father)

PVUMC is committed to the safety of your child. Are there any custody issues concerning your child that we should be aware of? Specifically, is there anyone who should NOT have access to your child or who should NOT be allowed to pick your child up? _____

Are there other family issues or situations you feel we should know about that would help us in ministering to your child? _____

Medical and Insurance Information

Is your child presently being treated for an injury or illness? If yes, please explain. NO YES _____

Is your child allergic to any medication? If yes, please explain. NO Yes _____

If needed, can over-the-counter (OTC) medications (Tylenol, Ibuprofen, Benadryl, Pepto-Bismol, etc.) be administered to your child?

NO YES Please list any OTC medications that should NOT be given to your child. _____

Does your child require a special diet? If yes, please explain. NO Yes _____

Does your child have (or has he/she ever had) any of the following (please check all that apply and explain below)

Seizures or seizure disorders _____ Asthma _____ Heart problems / murmur _____ Diabetes _____
Allergic to bee/wasp stings _____ Kidney Disease _____ Fainting / Dizziness _____

Does your child have any allergies other than medicinal? If yes, please explain. NO YES _____

Does your child use an inhaler? NO YES If so, will your child have the inhaler with them? NO YES

Does your child use an epipen? NO YES If so, will your child have the epipen with them? NO YES

Date of child's last tetanus shot _____

Does your child ever sleep walk? NO YES Can your child swim? NO YES

Does your child have any physical handicap or illness that would prevent him or her from participating in normal, rigorous activity?
If yes, please explain _____

Physicians name: _____ Physicians Address: _____

Physicians phone number: _____

Medical Insurance Company _____

Insurance Subscriber's Name _____

Insurance ID Number, Group Number, etc. _____

Pre-Authorization Phone Number _____ No insurance at this time _____

Please provide a copy of your insurance card

Medical Treatment Authorization

I understand that I, my child's other parent or guardian, or the emergency contact named above, will be notified in the case of a medical emergency involving my child. However, in the event that I, my child's other parent / guardian or the emergency contact cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I understand that neither Pleasant View United Methodist Church nor the adult presenting my child for medical treatment will be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent / guardian.

I agree to notify Pleasant View United Methodist Church in the event of any health changes which would restrict my child's participation in any normal youth activities. I also understand that the adult supervisors reserve the right to restrict my child from any activities that they do not believe are within the physical capabilities of my child.

Signature of Parent / Guardian _____ Date _____

Permission to use photographs

I DO DO NOT *(please circle choice)* grant permission for photographs, videos, or voice recordings of my minor children participating in church-sponsored programs to be used in any church media *(including but not limited to the church newsletter, website, advertisements, videos, brochures)* and for Pleasant View UMC to make changes and/or edit this media as the church deems necessary.

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the programs, activities and events of the Youth Ministry of Pleasant View United Methodist Church. I understand that these programs activities and events may include, but are not limited to, youth retreats, mission trips (both local and out of town), service projects, ropes courses, pool parties, lake days, skating, skiing, weekly prayer breakfasts, trips to Resurrection or Johns Island, and other programs, activities, events and trips that may be scheduled by the Youth Ministries of Pleasant View United Methodist Church.

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the transportation of my child to and from activities and events requiring transportation. I understand that my child may be transported on either PVUMC church bus or in the personal vehicles of authorized adult counselors or chaperones.

I do NOT authorize my child to participate in any of the following activities (please list): _____

Signature of Parent / Guardian _____ Date _____