

2016/2017

CHRIST UNITED METHODIST CHURCH PERMISSION SLIP

Personal Information:

Name _____ Birth Date _____ Age _____ Circle One: Male or Female
Address _____ City _____ State _____ Zip Code _____
Home Phone # _____ Cell Phone # _____ Email Address _____

Medical Information: Check the appropriate blank if you have ever had any of the following:

____ Bee/Wasp Reaction ____ Dizziness or Fainting ____ Hay Fever ____ Heart Trouble ____ Pregnant
____ Penicillin Allergy ____ Physical Disability ____ Diabetes ____ Asthma ____ Epilepsy
____ Respiratory Problems ____ High Blood Pressure ____ Operation in last year
____ Regular Medication (List Below) ____ Allergies including drug & food (List Below) ____ Other (Explain Below)

List medications, allergies and other _____

Parent or Guardian Information:

Name _____ Relationship _____ Cell# _____
Address (if different) _____ Home Phone# _____

Insurance Information:

Insurance Company _____ Policy Number _____ Preferred Hospital _____
Doctors Name _____ Doctors Phone Number _____

In case of Emergency Contact: (Must be different than the address above)

Name _____ Relationship _____ Home# _____ Cell# _____
Address _____ City _____ State _____ Zip Code _____

I certify the information provided is correct to the best of my knowledge. In the event of an emergency, I give permission to the directors of the activity and/or Christ United Methodist Church to render First Aid, as well as permission to a licensed physician to hospitalize, anesthetize, or perform surgery on the person listed. I understand that every reasonable effort will be made to make contact with the above mentioned emergency contact before these actions are taken.

I give permission to the directors of the listed activity and/or Christ United Methodist Church to give the minor child listed above the following medications as needed: 1. Tylenol (Acetaminophen) 325mg/tablet following the directions on the package for pain or fever. 2. Benadryl (Diphenhydramine) 25mg/tablet following the package direction for allergic reaction (e.g. bee sting, ECT,).

I further agree to hold harmless and indemnify the Christ United Methodist Church staff and Christ United Methodist Church from any and all claims for damages arising out of personal injuries sustained by myself/son/daughter/ward during any class time or field trip and I hereby fully and forever release and discharge the Christ United Methodist Church staff and Christ United Methodist Church from any and all said claims.

I understand photographs may be taken of those attending this event and may be used for promotional use within the church.

If above listed is a minor:

Signature of parent/guardian _____ Printed Name _____
Relationship to minor _____ Date _____

Above listed person:

Signature _____ Printed Name _____ Date _____

This document also serves as a permission slip for youth activities that the above named minor is participating in for the 2016/2017 calendar year. If there are any insurance changes at the beginning of the calendar year please notify your youth director.