

Benson Memorial United Methodist Church
Information, Permission, and Medical Release Form
All Youth Activities from October 2009-October 2010

Youth's Name _____ Date of birth ____/____/____
Last First M. Initial

Address _____
Street City State Zip Code

Home Phone _____ Youth email _____

Preferred Name _____

Grade for 2009-2010 _____ School _____

Parent/Guardian _____
Name First M. Initial

Relationship to Youth _____

Address _____
Street City State Zip Code

Home Phone (____) _____ Work (____) _____

Cell (____) _____ Parent/Guardian Email _____

Parent/Guardian _____
Name First M. Initial

Relationship to Youth _____

Address _____
Street City State Zip Code

Home Phone (____) _____ Work (____) _____

Cell (____) _____ Parent/Guardian Email _____

Siblings Name _____ date of birth _____ Grade _____

Name _____ date of birth _____ Grade _____

Name _____ date of birth _____ Grade _____

Emergency Contact other than parents:

Name _____ Relationship to youth _____

Address _____
Street City State Zip Code

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Medical Information (PLEASE UPDATE IF CHANGES OCCUR)

Date of last Tetanus shot _____ Medications youth **cannot** take: _____

Allergies/health problems/concerns: _____

Insurance Co. Name _____ Ins. Co. Phone _____

Policy Holder's Name _____

Policy # _____ Policy Holder's ID # _____

Address _____

Physician _____ Phone _____

Dentist _____ Phone _____

Permissions

*I do hereby certify that my child, _____, has permission to participate:

In all Youth Activities from October 2009- October 2010 yes no;

In church newsletter, video, or newspaper photographs yes no;

In photographs on the church website (name not used) yes no.

*I acknowledge that I may be required to give specific affirmative permission for certain activities held away from Benson Memorial United Methodist Church ("BMUMC"). The permission may be in the form of a signed covenant or e mail from me to the Youth Director.

*I hereby authorize any hospital, clinic, physician, nurse, dentist, or technician to furnish my child named above any medical or dental care and treatment necessary as a result of injuries or conditions as the circumstances require while participating in activities of or sponsored by BMUMC, including transportation to and from such activities. I hereby authorize representatives of BMUMC to consent to and acquire said care and treatment on my behalf if I cannot be contacted or if the circumstances are such that there is not sufficient time or opportunity to contact me. I agree not to hold such person responsible and hereby release such person from liability from any damages arising from the giving of such consent or the acquisition of such care and treatment. I further agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named child pursuant to this authorization.

*Should it be necessary for our (my) child to return home early from an off-site activity due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

*The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities of or sponsored by Benson Memorial UMC.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date