

2009 Youth Special Activity Permission & Medical Release Form

East Nelson United Methodist Church

9024 18 MI NE, Cedar Springs MI 49319 Church ph: 696-0661

I, _____ (parent's name) give permission for my child
_____ (student's name) to attend East Nelson UMC Youth Activities. I understand that every effort will be made by the church staff & volunteers to ensure safety and to provide adult supervision. I understand that by signing this release form, I release East Nelson UMC, its staff and volunteers from any claim of liability that may arise from this special activity.

I also give my permission for pastor Herb Vanderbilt or an adult chaperone-representative from East Nelson UMC to secure and authorize emergency medical treatment for the child listed above, in the event that I cannot be contacted.

Parent or Guardian: _____ **Date:** _____

General & Medical Information Form:

(Must be filled out and turned in if not on file with church)

NOTE:

1. **The General & Medical Info. Form only needs to be turned in once for Jan 2009 – Dec. 31, 2009.**
2. **If any information changes, a new form must be completed.**
3. **Please check one of the following:**

_____ This medical information has been turned into the East Nelson UMC Youth Leaders and is current. A copy of the current medical insurance card is already on file with the ENUMC

_____ This is the first time the East Nelson UMC Youth Leaders have received this emergency medical information. (Medical information form is completed in the box below) & a copy of the current medical insurance card has been attached

Name of Student: _____ **Grade:** _____ **Birth Date:** _____

1st Contact person for emergency: _____

1st Contact's home phone: _____ **1st Contact's work number:** _____

2nd Contact person for emergency: _____

2nd Contact's home phone: _____ **2nd Contact's work number:** _____

Hospital Insurance: Yes _____ No _____ **Preferred Hospital:** _____

Insurance Company: _____

Policy Number: _____

Please list any allergic reactions, serious injuries or special medical conditions.

I also understand that by signing this form, I give permission for my child to participate in East Nelson UMC general youth activities held at church. I understand that every effort will be made by the church staff & volunteers to ensure safety and to provide adult supervision. I also understand that by signing this release form, I release East Nelson UMC, its staff and volunteers from any claim of liability that may arise from any activity.

Parent Signature: _____ **Date:** _____

*This form must be renewed for each calendar year.
Additional forms to be needed for overnight activities..*