

2018-2019 PERMISSION FORM

FOR CATALINA UNITED METHODIST CHURCH YOUTH EVENTS

NAME OF YOUTH _____

Address _____ Zip _____

I give my permission for Catalina United Methodist Church and its representatives to transport my child to all youth activities that may be held off of the church premises during the 2017-2018 School Year. I understand that only adult volunteers or church staff will drive my child to the activity unless I give my permission for other arrangements.

Signature: _____ Date: _____

Should emergency medical treatment be necessary and I cannot be reached, I authorize any of the adult youth workers to act on my behalf to approve appropriate medical treatment for:

Name of Youth: _____

Parent Signature: _____ Date: _____

I hereby release Catalina United Methodist Church and its representatives of any liability for emergency, injury, or death while in transport to and/or participation in a church-sponsored activity. I understand I am responsible for expenses incurred in an emergency involving my child.

Signature: _____ Date: _____

Parent/ Guardian Cell Phone: (_____) _____ Additional Phone number: (_____) _____

Emergency contact (other than parent): _____ Phone: (_____) _____

Physician's name and phone number: _____

Insurance Carrier: _____ Policy # _____

Allergies and other conditions of which adult youth workers should be aware: _____

Permission to give over the counter medication? Yes No (please circle and initial) _____

Permission to publish photos in church publications, website, and social media?

Yes No (please circle and initial) _____