



# PERMISSION & MEDICAL RELEASE FORM FOR YOUTH MINISTRY TRIPS AND EVENTS

## 2018-2019

Youth/Chaperone Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

My youth (or myself), \_\_\_\_\_, may take part in field trips, retreats, mission trips, or any other excursions under supervision of a representative of University United Methodist Church Chapel Hill.

\_\_\_\_\_  
Parents' names, if a minor

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Primary Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

Emergency Contact 1: \_\_\_\_\_  
Name and relationship to participant

\_\_\_\_\_  
Phone

Emergency Contact 2: \_\_\_\_\_  
Name and relationship to participant

\_\_\_\_\_  
Phone

### MEDICAL HISTORY FOR YOUTH PARTICIPANT/ADULT CHAPERONE

Date of Birth: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's phone: \_\_\_\_\_

List of current medications and dosages (If none, write none): \_\_\_\_\_

Please note: All medications must be given to the medical chaperone (and will be confidential) prior to departure for retreat. Youth are not permitted to have prescription medication in their possession on retreat.

Any significant or pertinent medical or behavioral conditions of which staff should be aware?

(If none, write none): \_\_\_\_\_

Allergies (If none, write none): \_\_\_\_\_

Physical restrictions and/or recent surgeries (If none, write none): \_\_\_\_\_

Additional restrictions or recent illnesses (If none, write none): \_\_\_\_\_

Dietary Needs/Restrictions (If none, write none): \_\_\_\_\_

OVER

**INSURANCE INFORMATION** (Attach a photocopy of your insurance card to this form)

Insurance Company:\_\_\_\_\_

Policy and Group Numbers:\_\_\_\_\_

Employer or Provider:\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & RELEASE OF LIABILITY**

I, \_\_\_\_\_, hereby authorize a representative of University United Methodist Church to give consent for medical treatment of my child, \_\_\_\_\_, in the event of illness or injury. I further release University United Methodist Church Chapel Hill, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church events and/or trips as long as they were following protocol as outlined in their own Safe Sanctuary Policy. In case of emergency, I understand that every effort will be made to contact me as a parent/guardian. In the event that I cannot be reached, I hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. This notarized authorization is effective for the individual named above for the period of September 9, 2018 through September 9, 2019.

Please check ONE of the following:

- I authorize Tobi Nguyen and/or Ashley Broadwater and/or the Director of Youth Ministries to communicate directly with my child via text or email (this does not apply to anyone under the age of 13. See Safe Sanctuary Policy for more info)
- I authorize Tobi Nguyen and/or Ashley Broadwater and/or the Director of Youth Ministries to communicate directly with my child via text or email as long as I am copied on all communication
- I do not authorize Tobi Nguyen and/or Ashley Broadwater and/or the Director of Youth Ministries to communicate with my child via text or email

\_\_\_\_\_  
(Print Name of Parent or Guardian)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary Signature)

*Notary  
Stamp:*