

Collegiate United Methodist Church/Wesley Foundation Youth Fellowship (UMYF)
Permission Form, Emergency Medical Release/
Authorization and Medical/Insurance Information

We (I), the parent(s) of _____, hereby give our (my) consent and permission for the above named youth to participate in all programs, meetings and activities associated with or sponsored by the Collegiate United Methodist Church/Wesley Foundation Youth Fellowship (UMYF). Including, but not limited to, any travel which is connected with such participation. We (I) understand and agree that the adult chaperones accompanying these activities are not responsible for or legally liable for any accidents resulting in injuries to the above named youth. In consideration of their service to these activities, we (I) hereby fully release such individuals/ chaperones from all liability for the bodily injury or death of our (my) youth and for all property damage.

We (I) the undersigned parent(s) of the above-named youth hereby give permission to any adult chaperone who is accompanying a youth planned activity and/or travel to authorize, retain or otherwise engage professional medical services and/or health care for the above-named youth. We (I) agree that such accompanying adults/chaperones are not legally liable in connection with obtaining such professional medical treatment or health care during a planned youth activity and/or travel; and hereby fully release all such accompanying adults/chaperones from all liability in connection with obtaining such professional medical and health care services.

In the event that reasonable attempts to contact us (me) fail, as the parent/legal guardian of the above-named youth, we (I) give prior consent for the administration of any emergency medical treatment deemed necessary by the adult chaperone(s) in charge in consultation with a licensed physician or dentist. We (I) agree to pay all costs and fees contingent on any medical care and treatment for above-named youth as secured or authorized under this consent.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Youth name: _____

M: ___ F: ___ DOB: _____

Grade in School: _____ School: _____

Address: _____ Zip: _____ Phone: _____

Cell phone: _____ Email: _____

Parent/Guardian: _____

Address: _____ Zip: _____ Phone: _____

Cell phone: _____ Email: _____

Parent/Guardian: _____

Address: _____ Zip: _____ Phone: _____

Cell phone: _____ Email: _____

Other Emergency Contacts:

Name: _____ Phone: _____ Cell: _____
Name: _____ Phone: _____ Cell: _____

Are you currently taking any medications? (Please list medication and dosage schedule):

Do you have any allergies (i.e. penicillin, food, bee stings, etc):

Recommendations/Restrictions (i.e. special diet, medicine, physical limitations, etc.) the Youth Leader/Chaperones should be aware of: . _____

Illnesses (mark all that apply):

Chickenpox: _____ Mumps: _____
Diabetes: _____ Rheumatic Fever: _____
Epilepsy: _____ Tuberculosis: _____
Rubella (3 day measles): _____ Whooping Cough: _____
Other illnesses and surgeries: _____

Dates of Immunization (month & year):

Diphtheria: _____ Pertussis: _____
Tetanus: _____ Polio: _____
Measles: _____ Mumps: _____
Rubella: _____

Insurance Company: _____ Subscriber: _____

Policy/Group Number: _____ Subscriber #: _____

Hospital preference: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Information that would be helpful to us regarding your youth:

