

# El Segundo United Methodist Church

## YOUTH PERMISSION SLIP 2015-16

I hereby grant consent for my child, \_\_\_\_\_, a minor, to participate in the activities of the El Segundo United Methodist Church Youth Program for the years 2015 and 2016. I also give my permission for photographs or video of my child to be used by the church for the newsletters, the website, or other such publicity.

If my child becomes ill or sustains an injury during a gathering or outing, I understand that every reasonable effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby authorize and consent to any emergency first aid and any emergency diagnostic or medical treatment deemed necessary by medically trained personnel. I also consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is advised as necessary for my minor.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as secondary coverage.

I understand that the possibility of an unforeseen hazard does exist. I further agree not to hold El Segundo United Methodist Church, the West District and California-Pacific Conference of the United Methodist Church, its members, leaders, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

A photocopy or other reproduction of this authorization shall be considered as original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Printed Name: \_\_\_\_\_ Minor: \_\_\_\_\_

Minor's Birthdate: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please initial all that apply:

\_\_\_\_ My youth has permission to ride home with another parent

\_\_\_\_ My youth has permission to drive home from youth events (if legally applicable)

\_\_\_\_ My youth has permission to walk home from youth events

Please note that this form will be the resource for contacting you in an emergency. Please inform us of any information changes should they occur during 2015 or 2016.

HEALTH FORM

Name of Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name on Policy: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any current medications: \_\_\_\_\_

Please list any pre-existing conditions: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Does child wear contacts? \_\_\_\_\_ glasses? \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Emergency Contact Information:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_