

STUDENT NAME (Last, First, Middle)

DATE OF BIRTH

GRADE IN SCHOOL (Fall 2019)

PARENT/GUARDIAN (Print)

PARENT/GUARDIAN

ADDRESS

CITY, STATE, ZIP CODE

PRIMARY PHONE

SECONDARY PHONE

EMERGENCY CONTACT (Other than parent)

(Relation to youth)

PHONE

General Consent • Image Permission • Liability Waiver

- I, the undersigned, am the legal parent/guardian of the minor youth named above ("youth") and give consent for him/her/them to attend and travel to and from events being organized by Plainfield United Methodist Church ("PUMC"). According to the **Safe Sanctuaries Policy**, I grant written permission to allow my youth to travel with one qualified driver.
- I agree that PUMC shall have the right to use the image and likeness (including caricature) of my youth(s) for PUMC's website, Facebook page, and for any other materials used for PUMC's promotional purposes. The names of minors will NOT be used with corresponding images.
- I understand there are inherent risks involved in any ministry or athletic event, and I hereby release PUMC, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property, as well as any medical treatment costs that may arise from any accident or injury, that may occur during the course of my youth's involvement with PUMC activities.

Code of Conduct

My youth and I have read the PUMC **Code of Conduct** and agree we will abide by the standards stated there. I understand my youth(s) is/are expected to behave in a way that properly represents themselves and PUMC.

Emergency Medical Treatment Authorization and Consent of Parent(s) or Legal Guardian(s)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general

supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume any and all financial responsibility for the expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any medical or emergency personnel.

This authorization is effective through: _____.

Signed this _____ day of _____, 20____.

Parent / Legal Guardian Signature: _____

Printed Name: _____

Information For Medical Treatment

Physician's Name (Print): _____

Emergency phone number: _____

Physician's Address City, State, Zip Code: _____

Medical Insurance/Health Plan Company: _____

Policy #: _____

Allergies to Medications: _____

Allergies (Other)

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

(Please feel free to attach an additional sheet if necessary.)