

**Mt. Zion Youth Ministry Permission & Liability Form –2018-2019**

*\*This form covers all youth activities and events held during the 2018-2019 youth ministry year, including (but not limited to) Sunday school, United Methodist Youth Fellowship, Youth Council and annual special events/service projects. Parents will be asked to verify health insurance and emergency contact information prior to each overnight or off-site event, and must notify the Youth Director of any changes in student status.*

**Youth full name (first, middle, & last)** \_\_\_\_\_

Current grade & School Name: \_\_\_\_\_

Youth's cell # \_\_\_\_\_ Youth's email \_\_\_\_\_

**Name of custodial parent or guardian(s)** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home number \_\_\_\_\_ Cell number \_\_\_\_\_

Email \_\_\_\_\_

**Emergency contact name** \_\_\_\_\_

Relationship to youth/family \_\_\_\_\_

Address (street, city, state, ZIP) \_\_\_\_\_

Home number \_\_\_\_\_ Cell number \_\_\_\_\_

**Medical Information, History & Release**

**Youth's primary physician** \_\_\_\_\_

Name and address of practice \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Youth's health insurance provider** \_\_\_\_\_

Group number \_\_\_\_\_ Member ID \_\_\_\_\_

Please list any chronic conditions for which your child is being treated (e.g., asthma, ADD, or similar):

\_\_\_\_\_  
\_\_\_\_\_

Food Allergies \_\_\_\_\_

Medical Allergies \_\_\_\_\_

Environmental Allergies \_\_\_\_\_

Does child carry or use an EpiPen or EpiPen Jr.? \_\_\_\_\_

**Verification for Events**

*\*In the event that a child is transported to an event by an adult other than a primary custodial parent or guardian, parents or guardians may verify emergency contact and health insurance information with the adult-in-charge. Your initials below affirm the above information and releases as of the date following your signature, and specifically for the listed events.*

Event: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

***In the event of an emergency, I authorize the appropriate authority at Mt. Zion United Methodist Church (i.e., the Director of Youth Ministries or DYM's designee) to transport my child to the nearest emergency care facility and to initiate treatment on my child's behalf. This authorization will remain in effect until one year from the undersigned date. Photography and video release statement: events attended and sponsored with and in conjunction with Mount Zion United Methodist Church Highland, MD may be photographed or video-recorded. Attendance at a Mount Zion UMC Highland, MD event constitutes the consent of all attendees, and the consents of the parents and/or legal guardians of any minor children in attendance, to future broadcast, publication, or other use of photographs or videos at the sole discretion of Mount Zion United Methodist Church Highland, MD***

Signature \_\_\_\_\_ Date \_\_\_\_\_