

LIABILITY RELEASE / PARENTAL CONSENT

Child's Name: _____ Age: _____ Birthdate: ____/____/____

Address: _____ City: _____ Zip _____

School: _____ Current Grade in School _____

Parent(s)/Guardian

Home phone #: (____) _____ Cell/ Work phone #: (____) _____

E-mail address: _____

To whom it may concern: The undersigned does hereby give permission for our/my child, _____, to attend and participate in all Portage First United Methodist Youth Activities for 2009-2010. We/I authorize an adult leader, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First United Methodist Youth.

Participant: _____ Date: ____/____/____

Father: _____ Date: ____/____/____

Mother: _____ Date: ____/____/____

Legal Guardian: _____ Date: ____/____/____

Hospital Insurance? YES _____ NO _____

Insurance Company: _____

Policy Number: _____ **EMERGENCY PHONE #s** _____

Please list any allergies/sensitivities your child has: _____

Please list all medication to be taken while on this trip, with correct dose and frequency of administration: ** _____

****ALL MEDICATION WILL BE KEPT BY THE YOUTH LEADERS, TO BE GIVEN TO PARTICIPANTS AS PRESCRIBED. OVER >>>>>>>>**

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Has your child had any recent illness, allergic reaction or shown sensitivities to medications (prescription or over-the-counter), food, lotions, insects, sunlight, etc? If yes, please give details:

Please include in this space any information about your child that the youth leaders should know:

Trip Participant Signature only: I agree I will follow the rules and directions set forth by the leadership of this trip. _____ Date: ____/____/____