

RELEASE FORM

PARTICIPANT'S NAME _____ BIRTHDAY _____

Purpose: This form enables parents and guardians to authorize the provision for emergency treatment for children who become ill or injured while at S1UMC events when parents or guardians cannot be contacted. Consent to seek such treatment is granted specifically to official representatives and chaperones of S1UMC.

TO GRANT CONSENT

NAME OF PARENT OR GUARDIAN _____

HOME ADDRESS _____

HOME TELEPHONE # _____

FATHER'S EMPLOYER _____ PHONE # _____

MOTHER'S EMPLOYER _____ PHONE # _____

REGULAR PHYSICIAN _____ PHONE # _____

In the event that reasonable attempts to contact the above named have been unsuccessful, I hereby give my consent for any treatment deemed necessary for my son or daughter named on this form by a licensed physician.

PREFERRED HOSPITAL _____ PHONE # _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

FAMILY INSURANCE COMPANY _____

POLICY #/GROUP # _____ PATIENT # _____

If the parents cannot be reached, the alternate person to notify in the event of injury or illness is:

ALTERNATE CONTACT PERSON _____ PHONE # _____

PARTICIPANT'S MOST RECENT MEDICAL HISTORY

SPECIAL DIET _____

ALLERGIES _____

CURRENT MEDICATION _____

PHYSICAL IMPAIRMENTS _____

Permission and Releases

Permission to release photographs

I, _____ give consent to Springville First United Methodist Church to use all photographs of my student(s) _____ for the purposes of advertising and/or social networking as seen fit by the Youth Pastor.

Signature _____ Date ___/___/___

Transportation Release

I also give consent to Springville First United Methodist youth leaders to transport my student(s) in either the circumstance of an emergency or for the purpose of the discipleship program. I understand that I as the parent/legal guardian will be informed of the destination, the expected travel time, and the expected return time home every time my student is in a vehicle with an individual youth leader.

Check only if you desire to release transportation to only *specific* youth leader(s) and please list those leader(s) here:

Youth Leader _____ for student _____

Youth Leader _____ for student _____

Youth Leader _____ for student _____

check here if you agree to transportation policy for *all* approved and background checked youth leaders.

check here if you deny the transportation release for the discipleship program

check here if you deny the transportation release for all activities and request that the "two adult rule" be used in *all* circumstances concerning transportation of your student.

Signature _____ Date ___/___/___