

# Absecon UMC Parental Permission Form

IN CASE OF EMERGENCY, NOTIFY PARENT OR GUARDIAN:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

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

If the above parent/guardian cannot be reached, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

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

## - Medical Information -

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Immunizations:** Diphtheria-Tetanus booster (most recent date) \_\_\_\_\_

Tetanus Booster (must be current) \_\_\_\_\_

Others (most recent date) \_\_\_\_\_

Recent illnesses or communicable diseases \_\_\_\_\_

Allergies \_\_\_\_\_

Explain: \_\_\_\_\_

List current activity restriction \_\_\_\_\_

List any special health concerns \_\_\_\_\_

This is to certify that \_\_\_\_\_ is in good physical condition and that the information provided is accurate to the best of my knowledge.

## - Family Hospital Information -

Insurance Company \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Agent \_\_\_\_\_ + \_\_\_\_\_

*If none of the above parents/guardians can be reached, I hereby authorize the Youth Leaders of The United Methodist Church of Absecon to execute any necessary releases In loco parentis which are required by any medical facility to perform emergency care on \_\_\_\_\_.*

**STATEMENT:** Parent/guardian-I agree that in consideration for my child attending Youth Group Activities, I hold UMC of Absecon, its youth leaders, assistants and Pastor harmless from any liability due to any injury or damage sustained or suffered by my child while attending Youth Activities. I hereby waive any right of legal action against the UMC of Absecon, its youth leaders, assistants and Pastor.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_