

SULPHUR GROVE UNITED METHODIST CHURCH  
 CHILDREN AND YOUTH MINISTRIES ANNUAL PERMISSION/MEDICAL FORM  
 VALID DATES: August 2006 – August 2007

Name \_\_\_\_\_ Date \_\_\_\_\_

**I. Permission**

\_\_\_\_\_ (print child's name) has my permission to participate in field trips and events off of church property scheduled by Sulphur Grove United Methodist Church Children's or Youth Ministry during the above dates. I understand that on these trips, the appropriate number of adult counselors will drive and will be responsible for all children and teens, that the trips will vary in distance and time, that the trips will not be out of state and that the trips will not be overnight.

(\*\*\* Note: a separate permission/medical form may be required for offsite, overnight or out of area events\*\*\*)

**II. Background Information**

My youth/child has the following physical, mental, or emotional conditions about which the adult counselors or medical professionals need to know: \_\_\_\_\_

My youth/child is under the care or treatment of a medical professional for the following condition(s): \_\_\_\_\_

My youth/child is taking the following medications and/or has the following allergies: \_\_\_\_\_

Medical attention for my youth/child is covered under the following insurance policy

Ins. Co. Name _____	Plan type _____
Policy # _____	Holder's name _____
Preferred Hospital _____	
Family Physician _____	Phone _____
Dentist/Orthodontist _____	Phone _____
Specialists _____	Phone _____
	Phone _____

**III. Transportation Home**

If it becomes necessary for my youth/child to come home for any medical or disciplinary reason, I agree to provide transportation and do so at my own expense.

**IV. Medical Authorization**

I give my permission for my youth/child to receive basic first aid if necessary. If professional medical care is required, I may be contacted at one of the following phone numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

If I cannot be reached, medical treatment may be rendered to my youth/child. If major surgery is required, agreement by two licensed physicians must be obtained before surgery. I will be financially responsible for any treatment that is required.

**V. Agreement**

The information on this form is accurate and I agree to all conditions asked of me.

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

NOTE: A copy of this form will be located in the office of either the Children's pastor or the Youth pastor during all field trips/outings. A church representative will use these forms to notify parents in the event of an emergency, unforeseeable delay in return time, etc...