

First United Methodist Church of Covington, Georgia Youth Ministries
Parental Consent, Medical and Liability Release Form

Name of Student _____ Date of Birth _____

Address _____ City _____ Zip _____

SSN# _____ Insurance Co. _____ Policy# _____

Home Phone _____ Parents Names _____

Mom's Work # _____ Dad's Work# _____

Mom's Cell# _____ Dad's Cell# _____

Functions and Activities

I give my permission for my above named student to attend and participate in all activities, programs, and trips sponsored by First United Methodist Church of Covington from July 23, 2007 through July 22, 2008. Prior to my participation or the participation of my student, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this parental consent and liability form, I expressly warrant that this student named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the student or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my student may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the students' or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers or agents from any and all claims arising from my participation or as a result of injury or illness of my student that occur while participating in the above described activities, programs, and trips from July 23, 2009 through July 22, 2010.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I authorize an adult, in whose care the student 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 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. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

Emergency Contacts

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Medical Doctor _____ Phone _____

Medical History

Include special medical needs or concerns such as asthma, allergies to medicines/foods/animals/etc., health conditions, past surgeries, dietary needs, etc.

Medications I/My Student _____ IS NOT _____ IS currently taking medications.

Include ALL medicines the student takes on a regular basis. All medicines must be in labeled containers.

Other Information

Include information the leaders should know about the student or adult participant.

If Participant is a Minor

I represent that I am the parent/guardian of the student listed above, who is under 18 years of age. I have read the above Consent & Waiver Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this church as described above. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the student, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my student breaks the covenant, he/she is subject to be sent home at my expense.

Signature of Parent/Legal Guardian _____ Date _____

Adult Volunteers and Employees

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in these activities.

Signature _____ Date _____

Student

Along with the leaders and other students, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in these activities of the church; my participation in church activities depends on my support of this agreement. By signing this covenant, I understand that I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect of authority, or any other activity that adult leaders deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best that it can be!

Student Signature _____ Date _____

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD

A new form must be completed each year for each youth. Thank You!