

# Christ United Methodist Church Youth Event Permission and Medical Release

Event \_\_\_\_\_ **Appalachia Service Project** \_\_\_\_\_ Date(s) **2010-2011**

As Parent or Guardian **OF (name of student)** \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Parents Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Please indicate below any medical needs the youth staff should be aware of:**

Allergies (please include insects, food and/medications)

Any illnesses (asthma, bleeding, cold, flu)

Any physical restrictions we should be aware of?

I authorize my son/daughter to attend the above event. In the event a medical emergency arises, and the emergency contact or myself cannot be reached by phone, I authorize Christ United Methodist Church and its agents to provide for my son/daughter. I also understand that all over the counter medications listed on the back of this sheet that I have checked can be administered, by an adult counselor, to my child as needed.

**PLEASE CHECK MEDICATIONS ON THE BACK OF THIS FORM.**

I have also read and agree with the expectations listed below and will support Christ Church in administering an appropriate consequences if expectations are not followed.

Parent(s) or Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

To ensure an outstanding Christian experience for everyone, we ask that the student read the following expectations.

- There will be no possession or use of drugs (including alcohol or tobacco) and no inappropriate sexual activity.
- Respect of group leaders, adults, peers, staff and facilities is expected at all times.
- Potentially harmful or dangerous behavior and weapons of any kind will not be tolerated.

I \_\_\_\_\_ (student's name) have read the expectations and I agree to abide by them. I understand that any behavior that breaks an expectation will be dealt with immediately.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following for your child as needed. The following over-the-counter medications will be provided by Christ Church, in our medical kit. We will be happy to dispense any over the counter medications to youth as needed. If your child requires a different OTC medication, please feel free to bring it, but understand that it will be collected and disbursed to your child as needed.

### Over-the Counter Medications

My child, \_\_\_\_\_ can be administered the following over-the-counter medication(s) for the appropriate symptoms, according to the directions.

- \_\_\_ Tylenol (pain/fever)
- \_\_\_ Ibuprofen (pain/fever)
- \_\_\_ Pepto Bismol (stomach disturbance)
- \_\_\_ Sudafed (decongestant)
- \_\_\_ Cough/Cold, sore throat lozenges
- \_\_\_ Calamine Lotion (anti-itch cream)
- \_\_\_ Hydrocortisone cream (anti-itch)