

YOUTH PERMISSION FORM 2018-2019

Student

Last Name: _____ First Name: _____ Age: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ School: _____ Grade: _____

Parent/Guardian

Mother/Guardian Name: _____ Cell Phone: _____

Email: _____

Father/Guardian Name: _____ Cell Phone: _____

Email: _____

Please check the areas that you would like to volunteer with youth ministry activities this year:

- Lead or help with Wednesday Night Youth Group
- Lead or help with Sunday School
- Chaperone Special Events/ Retreats
- Provide Food
- Drive Students for Youth Activities

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Doctor: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Medical Insurance Company: _____ Policy #: _____

Restrictions

Please list any persons who are unable to have contact with your student:

Please list below any allergies your student has or other health concerns we should know about:

PERMISSION TO PARTICIPATE IN YOUTH ACTIVITIES

Student Name: _____ has my permission to attend all youth activities sponsored by Asbury United Methodist Church from **September 1, 2018 - August 31, 2019**. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Asbury United Methodist Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Asbury United Methodist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Asbury United Methodist Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Asbury United Methodist Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian: _____ Date: _____

**PERMISSION TO WITNESS AND ASSIST THE SELF-ADMINISTRATION OF
PRESCRIPTION OR OVER-THE-COUNTER MEDICATION**

As the parent or guardian of the Student named above, I hereby acknowledge that my Student will be responsible to self-administer the prescription or over-the-counter medication, which he/she brings with him/her to this Event. I accept responsibility for providing a sufficient amount of medication for the duration of the Event and for accurately informing the Student and Authorized Adults of instructions for self-administration.

I acknowledge no Event personnel can administer any prescription or over-the-counter drug, but can only assist with self-administration. Assistance with self-administration means helping with one or more steps in the process of taking medications, but not the actual administration. Assistance may, but does not necessarily, include opening the medication container, reminding the Student of the proper time to take the medication, helping to remove the medication from the container and returning the medication to proper storage.

I hereby release Asbury United Methodist Church, and its representatives, from any and all liability associated with the self-administration of prescription or over-the-counter drugs taken by my Student.

Parent/Guardian: _____ Date: _____

PERMISSION TO PHOTOGRAPH

From time to time pictures are taken of various activities taking place during youth activities. I give permission for my student to be photographed.

Parent/Guardian: _____ Date: _____

This form travels with Asbury leaders on each trip that your youth goes on with us. Annually we will ask you to resign this form. However, if anything changes notify Asbury staff or volunteer leaders by completing the proper section of this form.

Questions or Concerns?

Please contact Kip Roozen, Pastor, at kip@sfasbury.org or 332-8861.
Asbury United Methodist Church - 2425 S Western Ave, Sioux Falls, SD 57105
www.sfasbury.org