



PERMISSION & MEDICAL RELEASE FORM

Name: _____ Grade: _____ Graduation Yr.: 20__

I give permission for my child to take part in organized activities sponsored by the Cokesbury UMC Youth program, or a recognized group of the church. I hereby release Cokesbury UMC, its employees, and the chaperones who are acting on behalf of Cokesbury UMC from any claims of negligence or liability for injury, which may occur in connection with the sponsored activity. In the event of a medical emergency, I give permission to the Cokesbury UMC chaperones to seek medical help for my child at the nearest hospital or from a licensed emergency medical technician in the event that I cannot be reached immediately and to utilize the insurance coverage specified on this sheet. I also grant permission for the church to use photographs, video, and/or audio recordings of my child for electronic and print publications.

Signature of Parent/Legal Guardian Date

NUMBERS WHERE I CAN BE REACHED: _____
Home Mobile Work

Parent email address (where to send youth info): _____

Known medical conditions and allergies: _____

Regular medications (prescription & non-prescription): _____

-----INSURANCE INFORMATION-----

Youth Birthday: ___ / ___ / ___ *Youth SS#: ___ - ___ - ___

Address of Youth: _____ Zip: _____

Parent(s) Names: _____ Policy holder: _____

For Policy holder—SS#: ___ - ___ - ___ Birth date: ___ / ___ / ___

Insurance ID#: _____ Employer: _____

Name, Address, Phone # of Insurance Company: _____

Other insurance information: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

***Optional**