

**CANNON'S CAMP GROUND UNITED METHODIST CHURCH
UMYF PERMISSION FORM**

All the information received is for church use. Medical information is used for emergency situations.

Name _____ Date of Birth _____
Mailing Address _____
Telephone Numbers: Day _____ Evening _____ Cell _____
Allergies _____
Medical conditions of which we need to be aware _____
Medications _____ (Name and Dosage)
Parent/Guardian name _____
Address (if different) _____
Insurance Information (**A COPY OF CARD MUST BE ATTACHED...**required by many hospitals!)
Name of Insured _____ ID # _____ Group # _____
Relationship to Child _____
Name of Physician _____ Telephone _____
Emergency Contact (if parent cannot be reached) _____ Number _____
E-mail address of Parent _____ E-mail address of youth _____

**Permission Form
(Youth cannot participate until this form is signed!)**

_____ has my permission to participate in all UMYF-related activities and events with Cannon's Camp Ground United Methodist Church I have discussed with my youth that he or she needs to display appropriate behavior that is a positive representation of him or herself, the church, and above all, Christ. I understand that if my youth disregards the rules set forth by the attended event and by the youth leaders and counselors, he or she may be dismissed from said event. I will be contacted by phone to discuss the situation in detail. I also have read and understand the rules set forth in the Youth Handbook and agree to abide by those rules.

I release all rights and claims for damages I have against any party for injuries that may occur. I give my permission for a staff member/volunteer to provide any necessary medical attention needed. In the event the injury surpasses the abilities of the staff/volunteers, I understand that appropriate medical attention will be sought at the nearest medical facility or by ambulance. I will be notified by telephone of injuries that require the attention of a physician. All other injuries will also be recorded and proper notification will be given to me by a staff member/volunteer. I also understand that the church carries liability on all its participants, and in the event of a medical occurrence, I understand that the church will pay the difference of medical expenses ONLY after the church receives a copy of the EOB of said occurrence. Parents must provide proof of medical visits/bills before insurance is filed with the church. All occurrences are to be given to the church in written form within 36 hours of occurrence.

Signature of Parent/Guardian

Date